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HUNTINGDON AND PETERBOROUGH COUNTY COUNCIL



ANNUAL REPORTS

of the

County Medical Officer of Health


and

Principal School Medical Officer

for the year

1969

G. NISBET, M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)



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COUNTY OF HUNTINGDON AND PETERBOROUGH

Health Committee

Chairman

County Alderman K.C. Archer

Vice-Chairman

County Councillor J.W. Taylor

The Chairman of the Council	- County Alderman The Right Hon. Lord Hemingford	} ex-officio
The Vice-Chairman of the Council	- County Alderman The Hon. P.E. Brassey, D.L.	
The Chairman of the Finance Committee	- County Alderman J.R.D. Huckle	

County Alderman:

Mrs. A. Philpot, O.B.E.

County Councillors:

W.B. Carter
E.G. Childs, M.B.E.
A.J.C. Cruickshank
Mrs. M. Ferguson
Mrs. A.M. Gibbins

J.P. Pearlson
J.H. Pinner
Mrs. I.F. Ratcliff
E.A.M. Sack
D.R.A. Spreckley

H.M. Weaver, M.B., Ch.B.

Co-opted Members:

One Representative of the Health Executive Council: Dr. E.R. Dansie
Two Representatives of the Local Medical Committee
Dr. C.J.R. Hart, Dr. O.G. Young

Mental Health Sub-Committee

Chairman:

County Alderman Mrs. A. Philpot, O.B.E.

The Chairman and Vice-Chairman of the Health Committee - **ex-officio**

County Councillors:

A.J.C. Cruickshank
Mrs. M. Ferguson

J.H. Pinner
E.A.M. Sack

H.M. Weaver, M.B., Ch.B.

Co-opted Members:

A. Manton Baxter, Esq.
(representing Peterborough and District Society for Mentally Handicapped Children)
Mrs. E.E. Walkey
(representing St. Ives and District Society for Mentally Handicapped Children)

Education Committee

The Chairman of the Council	}	ex-officio
The Vice-Chairman of the Council		
The Chairman of the Finance Committee		

Chairman:

Alderman Dr. J. Hunt

Vice-Chairman:

Alderman G.H. Johnson

Aldermen:

Blake, A.W.
Burgess, T.H.

Hoefkens, R.F.

Collinson, A.
Earl, G.A.

Councillors:

Aplin, R.G.
Bigham, W.G.
Childs, E.G., M.B.E.
Clements, A.W.
Collinson, E.
Gibbins, Mrs. A.M.
Grindley, W.

Titman, E.E.

Horrell, J.R.
James, E.J.
O'Neill, B.J.
Palmer, D.F.
Price, Mrs. W.M.
Robinson, D.V.
Stedman, Mrs. P., O.B.E.

Co-opted Members:

Ackling, The Rev. D.P.
Cox, The Rev. J.G.
Eyre, G.
Edwards, T.A.
Foster, Councillor G.A.
Ginifer, J.H.

Winfrey, R.J.

Howland, T.L.
Lewis, C.H., M.B.E.
Stephenson, M.H.
Swift, Councillor C.W.
Wace, Rev. H.
Whitlock, The Rev. G.

Schools Sub-Committee

The Chairman of the Council	}	ex-officio
The Vice-Chairman of the Council		
The Chairman of the Education Committee		
The Vice-Chairman of the Education Committee		

Chairman:

Councillor Price, Mrs. W.M.

Vice-Chairman:

Alderman Earl, G.A.

Aldermen:

Blake, A.W.
 Burgess, T.H.
 Hoefkens, R.F.

Councillors:

Aplin, R.G.
 Bigham, W.G.
 Collinson, E.
 Gibbins, Mrs. A.M.
 Horrell, J.R.
 James, E.J.
 Palmer, D.F.
 Robinson, D.V.
 Stedman, Mrs. P., O.B.E.
 Titman, E.E.

Co-opted Members:

Ackling, Rev. D.P.
 Edwards, T.A.
 Foster, Councillor G.A. (City)
 Ginifer, J.H.

Whitlock, Rev. G.W.

Howland, R.L.
 Lewis, C.H.
 Stephenson, M.H.
 Wace, Rev. H.

STAFF - COUNTY HEALTH SERVICES

County Medical Officer and Principal School Medical Officer:

George Nisbet, M.B., Ch.B., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

Jean D. McKellar, M.B., B.S.

*Medical Officers in Department, School Medical Officers and
Medical Officers of Health of County Districts:*

James Caldwell, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

Philip V. Cant, M.B., Ch.B., D.P.H.

John B. Stafford, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

Medical Officers in Department and School Medical Officers:

Marjorie I. Kemp, M.B., Ch.B.

Barbara D. Wilberforce, M.B., Ch.B., M.R.C.S., L.R.C.P. (Commenced 1.6.1969)

Consultants:

Honorary Consultant Adviser in Mental Subnormality:

Glyn E. Roberts, M.B., B.Ch., D.P.M.

Chest Physicians (part-time):

C.E.P. Downes, M.R.C.P.

G.B. Royce, B.S., M.B., Ch.B.

Ophthalmic Surgeon:

D. Wilson Taylor, M.B., Ch.B.

Orthopaedic Surgeon:

T.H. Dockrell, M.B., F.R.C.S.I.

Child Psychiatrists:

R.E. Glennie, M.B., D.C.H., D.P.M.

A. Gage, M.B., Ch.B., D.P.M.

B.F. Whitehead, M.A., M.B., B.Chir., D.P.M.

Principal Dental Officer:

I.O. Pinkham, B.D.S., L.D.S., R.C.S. Eng. (Commenced 1.3.1969)

Associate Principal Dental Officer:

A.E. Hurford

Area Dental Officers:

Vacancies

Inspector under the Food and Drugs Act:

R.E. Kilsby M.I.W.A.A. (Resigned 28.2.1969)

J.M. Warren, M.I.W.M.A., M.I.S.A.A.

(Deputy Chief Inspector Appointed Chief Inspector from 1.3.1969)

Ambulance Officer:

W.M. Bunday, M.B.E. (Retired 28.2.1969)

J.C. Maxwell (Commenced 1.5.1969)

*Tuberculosis Care and After-Care Health Visitors:*Mrs. F. Gorton,
Miss E. Griffiths, H.V. Cert.*Orthopaedic Physiotherapist:*

Miss S.A. Sherwood, S.R.P., M.C.S.P., O.N.C.

*Speech Therapists:*Mrs. M.J. Lincoln
Mrs. B.M. Brooks (part-time)*Domestic Help Organiser:*

Mrs. G.L. Pentelow

Assistant Domestic Help Organiser (part-time):

Mrs. J.E. Leaman

*Welfare Workers for the Care of the Unmarried Mother:*Miss E.L. Rayner
Mrs. W. Taylor*Mental Welfare Officers:*

A.H. Cooper, R.M.N. (Resigned 9.3.1969)

R.L. French

F. Olsen, R.M.N.

J. Collin (Commenced 2.6.1969. Resigned 30.11.1969)

Mental Welfare Officer Trainees:

J.E. Dilleigh

A. Giles

P.S. Clay (Commenced 3.11.1969)

County Nursing Superintendent:

Miss K.M. Selby, S.R.N., S.C.M., M.T.D., H.V. Cert.

Deputy County Nursing Superintendent:

Miss M.R. Scrivener, S.R.N., S.C.M., H.V. Cert. (Resigned 7.4.1969)

Health Visitors (all H.V. Cert.):

Miss J. Allen

Mrs. J. Arnott (Commenced 11.3.69)

Miss K.E. Bowers

Mrs. J. Bryson (part-time)

Mrs. N.P. Buxton

Miss L.M. Capel

Miss O. Evans (Resigned 18.10.69)

Mrs. D.M. Fordham (part-time)

Mrs. E.E. Hanson. (Commenced part time 9.4.69.

Full-time from 1.10.69)

Miss M.J. Harrison

Mrs. M.G. Hewlett (part-time)

Miss E. Pelbrough

Mrs. J.W. Rawlings

Miss M.E.C. Simpson

Mrs. L.E. Szlauer (part-time)

Miss K.E. Taverner

Miss M. Wagstaff

Miss J.E.K. Watkins

Chief Administrative Assistant: R.E. Killick

**To the Chairman and Members
of the Huntingdon and Peterborough County Council.**

My Lord Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present my fifth Annual Report on the state of the Public Health and on the School Health Service of the County of Huntingdon and Peterborough for the year 1969.

The statistics are for the whole County, including those for the City of Peterborough, which, being a District with certain delegated functions, has furnished the necessary returns.

The incidence of infectious diseases, throughout the County has been very low with the exception of Measles and Infective Jaundice. The increased incidence of Measles was unexpected as 1969 was not a "Measles year" throughout the country, but, as notification of the disease is compulsory on doctors and householders, the scatter throughout the County is very interesting. The City of Peterborough had 406 cases and the Rural District of Barnack had 133, but St. Ives Municipal Borough had none whatever. In 1968 this District only had one case notified, the only case of infectious disease notified in that year. This year it had a total of eight cases of infectious diseases notified, by far away the lowest of any District in the County. The influence of Measles Vaccination may be a factor in this scatter, which shall be observed with interest over the coming two-year period. Infective Jaundice continues to puzzle those working in Public Health. Full scale investigations were made into the 91 cases notified in 1969, but no definite method of spread, or common factor, could be traced.

It continues to be disturbing to have 26 new cases of respiratory tuberculosis occurring within the County, and one cannot help but be disturbed to know that the Mass Miniature Radiography Unit shall not be continuing to function in this area. However, dependence on B.C.G. Vaccination is the backbone of our prevention of human spread, and in this County we are now tuberculin testing all children, whose parents give consent, at the age of eleven and vaccinating the negative reactors before their twelfth birthday.

The scheme of attachments of Local Health Authority nursing staff to all general practitioners in the County area, continues, and, as I have previously stated, the use which is made of these attachments varies widely. Progress has been dramatic in certain practices, where the attached Health Visitor, working from the practice premises, undertakes immunisation sessions, carries out a cytology clinic, routinely sees elderly people, taking blood pressure readings, urine testing and other simple screening methods, and conducts a diet clinic advising on obesity, diabetes, infant feeding, etc. There is quite definitely a better understanding of the work of the Local Health Authority and its preventive services by the general practitioners.

The interest in Health Centres in different parts of the County continues. Representatives of Local Government, all medical practitioners and many members of the public, were invited to an exhibition on the evolution of the Health Centre, with display panels of recently erected Health Centres, in the Council's premises in Peterborough and in Huntingdon, and in the Peterborough District Hospital. The panels of this exhibit were obtained by the courtesy of the Hospital Centre of the King Edward's Hospital Fund. With the imminent possible expansion of Peterborough, the plans of the mobile Health Centres at Thamesmead and Runcorn were of great interest, as were the many photographs and plans of the units already built in Northamptonshire, which were very kindly loaned to me by Dr. W.J. McQuillan, the County Medical Officer of Health.

In-Service Training Days have been held, with attendances of over 200, varying throughout the day as our own nurses and nurses from neighbouring Authorities could attend. Many of the local Consultants have met the nursing staff on these days, describing the part which the Local Health Authority can play in their specialities, which has not only proved valuable, but has improved liaison. That the nurses have been able to attend the "Middle Care" clinical rounds at the District Hospital has also been of great value.

At intervals of a few months there have been meetings of all those working in Public Health in the County to discuss problems in the preventive field in relation to the responsibilities of the Sanitary Districts, when the opportunity has been taken to meet other Officers, including the Regional Pest Officer and other Officers of the Ministry of Agriculture, Fisheries and Food, the Officers of the River Board, and at one interesting meeting the Director and staff of the Nature Conservancy at Monks Wood. Problems such as rodent control, refuse incineration and pollution generally have been discussed. I feel, to mutual advantage.

In the Mental Health field the staffing position has improved, Mr. F. Olsen having returned from his two-year Course in Social Studies, and he has now obtained the Diploma in Social Work. In the subnormality field the Adult Hostel has been opened. This modern unit in Huntingdon provides a permanent home for eighteen residents.

The excellent liaison with the Ida Darwin Hospital has been maintained, and one cannot speak too highly of the way in which Dr. Glyn E. Roberts, our Consultant Adviser, who is Medical Superintendent of that Hospital, his wife, Dr. S. Kidd, and the Social Worker, Mrs. R.B. Evans, have played a part in assisting all the Officers of the County working in this field. Any separation now is going, I fear, to reflect seriously on the future of the service to those who are mentally subnormal in the area.

I cannot write a Foreword to the Report without continuing my attack on cigarette smoking. At Eastbourne in Spring 1970 I had the honour as Chairman of the Council of The Royal Society of Health, and therefore of the Health Congress, to hear Sir George Godber, K.C.B., Hon. F.R.S.H., Chief Medical Officer of the Department of Health and Social Security, address the Inaugural Meeting and to say:-

" The most fully exposed noxious influence in our environment at the present time is of course cigarette smoke. At least one seventh of all deaths in Britain last year occurred before they need because of cigarette smoking. It is highly probable that as much as one fifth of the absence from work due to sickness was also related to cigarette smoking. This curse has been placed so firmly upon us because of the length of time before it operates. It took us fifty years of using the manufactured cigarette before the epidemiology of lung cancer was clarified. Now we know that chronic bronchitis due to cigarette smoking imposes as heavy a burden of deaths and much more of sickness in terms of years of ill health and we know that a high proportion of deaths from coronary thrombosis at earlier ages have the same origin. But the threat seems remote, the social habit is universal and three fifths of our men still smoke these lethal things. It is a fantastic situation that we promote by our own voluntary - and surely no longer ignorant - actions by far the largest single avoidable cause of death and disability in Britain today. *There is no other agent in our environment that approaches the cigarette in menace to health and life.* "

The health of the children in the County was satisfactory. However, within the whole County, including the City of Peterborough, 306 children were found to be infested with head lice. The 199 children so discovered to be lousy within the County area came from 146 different families. Such verminous infestation in this year and age demonstrates the continuing need for such inspections.

I would like to record my appreciation to the Members of the Education Committee for their support, and to thank the Director of Education and his staff for their help and co-operation. Covering a more extensive field, however, I would like to express my appreciation and thanks to the Chairman, Mr. County Alderman K.C. Archer, the Vice-Chairman, Mr. County Councillor J.W. Taylor, County Alderman Mrs. A. Philpot, O.B.E., Chairman of the Mental Health Sub-Committee, and all the Members of the County Health Committee, for their interest and co-operation, which I and my staff continue to find most encouraging.

Finally, at the time of writing this Report two members of the staff are due to retire shortly. Firstly, my Deputy, Dr. Jean D. McKellar, who has very kindly assisted me in the preparation of this Report, leaves the Service after sixteen years of service with this Authority, and one sincerely wishes her good health to enjoy many years of retirement, Secondly, Mr. R.E. Killick, Chief Administrative Assistant, retires from the Health Department after thirty years service, though to know that he is taking up the duties of Superintendent Registrar means that our association will not be terminated. One must recall his many years of diligent and loyal service to this Department. I am very grateful to him, Mr. M.L. Henderson and Miss I. Burton for their assistance in the compilation of this Report.

I have the honour to be,
Your obedient servant,

G. NISBET,
County Medical Officer
and Principal School Medical Officer

30th June 1970.

PART I - ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER

I - GENERAL INFORMATION

At the end of the year, there were within the County three non-County Boroughs - the City of Peterborough, Huntingdon and Godmanchester, and St. Ives: three Urban Districts - Old Fletton, Ramsey and St. Neots; and seven Rural Districts - Barnack, Huntingdon, Norman Cross, Peterborough, St. Ives, St. Neots and Thorney.

The City of Peterborough has delegated powers for the administration of certain health services in the City.

The area of the Administrative County at the end of the year was 310,863 acres.

The rateable value on the 1st April, 1969 was £7,990,538 and the product of a penny rate for 1969-70 was £31,099.

II - STATISTICAL INFORMATION

POPULATION

The Registrar-General's estimate of the 1969 mid-year population of the Administrative County was 196,670 made up as follows:-

City of Peterborough 66,800 all other Municipal Boroughs, Urban and Rural Districts 129,870.

The trend in recent years has been for the increase in the population to be in the south of the County, and 1969 has followed the usual pattern. The largest increase was in the Rural District of Huntingdon. In Barnack Rural District there was a slight decrease in population.

The population in the City of Peterborough is almost the same as in 1968, when the figure was 66,460. In 1969 the figure was 66,800. The increase in both years was only 0.5 per cent, but undoubtedly this is the "lull before the storm", and in future years there will be large increases in the northern districts, when the expansion of Peterborough takes place.

The following Table shows the population of each Sanitary District in the County, compared with the figures for mid-1968.

TABLE 1

	1969	1968
Administrative County	196,670	193,100
Municipal Boroughs and Urban Districts	120,970	119,030
Huntingdon and Godmanchester M.B.	15,650	15,220
Old Fletton U.D.	13,330	13,230
Peterborough M.B.	66,800	66,460
Ramsey U.D.	5,620	5,620
St. Ives M.B.	5,860	5,500
St. Neots U.D.	13,710	13,000
Rural Districts	75,700	74,070
Barnack R.D.	6,990	7,220
Huntingdon R.D.	17,060	16,590
Norman Cross R.D.	11,570	11,270
Peterborough R.D.	9,980	9,720
St. Ives R.D.	17,980	17,640
St. Neots R.D.	9,510	9,030
Thorney R.D.	2,610	2,600

The population of the County showed an increase of 3,570 in 1969 as compared with an increase of 3,540 for 1968.

BIRTHS

The total number of live births attributed to the County of Huntingdon and Peterborough was 3,632 which is equivalent to a net rate of 18.5 per thousand. The adjusted figure when age and sex have been taken into account gives a rate of 17.8 per thousand. Both the net and adjusted rates are slightly higher than in 1968 when the figures were 18.3 and 17.6 per thousand respectively.

As in previous years, the Birth Rate for the County is above the average for England and Wales. It is, however, slightly higher than in 1968, though not significantly so. It was felt that the fall during that year was undoubtedly due to the work of the Family Planning Association Clinics in the area, and it was anticipated that there would be a similar fall in the Birth Rate this year, which, however, has not occurred.

STILLBIRTHS AND DEATHS IN THE FIRST YEAR OF LIFE

Stillbirths numbered 50 which is equivalent to a rate of 14 per thousand live and stillbirths.

The neonatal mortality rate for the County was 10 per thousand which is lower than the figure for England and Wales, which was 12.

The infant mortality rate for the County also compares favourably with that for England and Wales. There were 57 deaths under one year which gives a rate of 16 per thousand total live births. The national figure was 18 per thousand.

The illegitimate birth rate was 7 per cent of total live births. Infant mortality of illegitimate babies was 8 per thousand illegitimate live births.

The perinatal mortality rate which is the number of stillbirths and deaths under one week, was 22 per thousand total live and still births. This is slightly lower than in 1968, when it was 23 per thousand.

MATERNAL MORTALITY

It is pleasing to report that there were no maternal deaths in the County during 1969.

DEATHS

The number of deaths attributed to residents of the County of Huntingdon and Peterborough was 1,830. This is equivalent to a net rate of 10.8 per thousand of the population. The area comparability factor issued by the Registrar-General, to enable a comparison to be made with the rate for England and Wales was 1.16 and the adjusted rate for the County is 10.8 per thousand. This is lower than the national figure of 11.9 and also lower than last year, when the corresponding figure was 11.1.

There was no significant change in the major causes of death in 1969 compared with the previous year, although the Registrar-General has made some changes in the classification of some of the less common causes of death.

The number of deaths in persons over the age of 75 was 800, or 43.7 per cent of the total deaths. This percentage figure is almost the same as for the previous year, when the number of deaths in the over 75 age group was 43.8 per cent of the total number of deaths. It would be interesting if the Registrar-General could make additional columns, splitting up the age at the time of death into 75-79, 80-84, 85-89 and 90 years and over. It would then be possible to obtain more exact information as to the age of death in the elderly population, as it is far from uncommon, when scanning the newspapers, to note deaths of centenarians.

The following table sets out the local adjusted birth rates and death rates of the Urban and Rural Districts compared with England and Wales.

TABLE 2

	<i>Birth Rate</i>		<i>Death Rate</i>	
	<i>1969</i>	<i>1968</i>	<i>1969</i>	<i>1968</i>
Urban Districts	16.7	16.4	11.3	11.6
Rural Districts	19.8	20.1	9.8	10.5
County of Huntingdon and Peterborough	17.8	17.6	10.8	11.1
England and Wales	16.3	16.9	11.9	11.9

The following table is included at the request of the Department of Health and Social Security and sets out certain vital statistics relating to mothers and infants.

TABLE 3

<i>Live Births</i>	
Number	3,632
Net Rate per 1,000 population	18.5
<i>Illegitimate Live Births</i> (per cent of total live births)	7
<i>Stillbirths</i>	
Number	50
Rate per 1,000 total live and still births	14
<i>Total Live and Still Births</i>	3,682
<i>Infant Deaths</i> (deaths under one year)	57
<i>Infant Mortality Rates</i>	
Total infant deaths per 1,000 total live births	16
Legitimate infant deaths per 1,000 legitimate live births	16
Illegitimate infant deaths per 1,000 illegitimate live births	8
<i>Neonatal Mortality Rate</i>	
(Deaths under four weeks per 1,000 total live births)	10
<i>Early Neonatal Mortality Rate</i>	
(Deaths under one week per 1,000 total live births)	9
<i>Perinatal Mortality Rate</i>	
(Stillbirths and deaths under one week combined per 1,000 total live and still births)	22
<i>Maternal Mortality</i> (including abortion)	
Number of Deaths	Nil
Rate per 1,000 total live and still births	-

TABLE 4
HUNTINGDON AND PETERBOROUGH COMPARED WITH ENGLAND AND WALES

Year	Popula- tion (Mid- year estimate)	Live Births		Deaths		Infant Mortality		Neonatal Mortality		Stillbirths		Maternal Mortality					
		County	Eng- land & Wales	County	Eng- land & Wales	County	Eng- land & Wales	County	Eng- land & Wales	County	Eng- land & Wales	County	Eng- land & Wales				
1969	196,670																
		3,632	17.8	16.3	1,830	10.8	11.9	57	16	18	35	10	12	50	14	13	Nil

NOTE: The live birth and death rates for Huntingdon and Peterborough have been adjusted for age and sex and are therefore comparable with those for England and Wales.

TABLE 5

VITAL STATISTICS FOR THE YEAR 1969

Urban and Rural Districts

District	Area in acres	Persons per acre	Population	Live Births				Deaths				Deaths under 1 year of age	
				No.	Crude Rate	Area Comparability Factor	Local Adjusted Rate	No.	Crude Rate	Area Comparability Factor	Local Adjusted Rate	No.	Rate per 1,000 reg'd births
URBAN													
Huntingdon and Godmanchester Borough	7,057	2.22	15,650	344	22.0	.78	17.2	173	11.1	1.04	11.5	5	15
Old Fletton Urban	4,146	3.22	13,330	233	17.5	.87	15.2	123	9.2	1.30	12.0	4	17
Peterborough Borough	10,022	6.67	66,800	1,208	18.1	.95	17.2	735	11.0	1.00	11.0	27	22
Ramsey Urban	15,926	0.35	5,620	71	12.6	.99	12.5	62	11.0	1.08	11.9	2	28
St. Ives Borough	2,326	2.52	5,860	115	19.6	.88	17.2	70	11.9	1.07	12.7	2	17
St. Neots Urban	2,721	5.04	13,710	274	20.0	.80	16.0	115	8.4	1.40	11.8	5	18
Total for Urban Districts	42,198	2.87	120,970	2,245	18.6	.90	16.7	1,278	10.6	1.07	11.3	45	20
RURAL													
Barnack	15,234	0.46	6,990	135	19.3	1.56	30.1	29	4.1	2.14	8.8	2	15
Huntingdon	69,853	0.24	17,060	314	18.4	1.34	24.7	86	5.0	1.56	7.8	-	-
Norman Cross	35,725	0.32	11,570	192	16.6	.97	16.1	91	7.9	1.28	10.1	3	16
Peterborough	28,186	0.35	9,980	193	19.3	1.11	21.4	92	9.2	1.23	11.3	-	-
St. Ives	45,893	0.39	17,280	330	18.4	.97	17.8	144	8.0	1.22	9.8	2	6
St. Neots	51,796	0.18	9,510	186	19.6	1.05	20.6	87	9.1	1.11	10.1	5	27
Thorney	21,778	0.12	2,610	37	14.2	1.04	14.8	23	8.8	1.28	11.3	-	-
Total for Rural Districts	268,665	0.28	75,700	1,387	18.3	1.08	19.8	552	7.3	1.34	9.8	12	9
Administrative County	310,863	0.63	196,670	3,632	18.5	.96	17.8	1,830	9.3	1.16	10.8	57	16
England and Wales			48,826,800	797,542	16.3	1.00	16.3	579,463	11.9	1.00	11.9	14,397	18

TABLE SHOWING DEATHS FROM ALL CAUSES

Cause of Death	All Ages	Under 4 weeks	4 Wks & under 1 year	Age in Years								
				1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 & over
Enteritis and other diarrhoeal diseases	1	.	1	.	.	.	.	.	.	.	.	.
Tuberculosis of respiratory system	3	.	.	.	.	.	1	.	.	.	2	1
Other tuberculosis, including late effects	5	.	.	.	.	.	.	.	.	2	.	2
Syphilis and its sequelae	1	.	.	.	.	.	.	.	.	.	1	.
All other infective and parasitic diseases	5	1	1	.	.	.	.	.	1	1	1	.
Malignant Neoplasm, Buccal Cavity, etc.	6	.	.	.	.	.	.	.	2	3	1	.
Malignant Neoplasm, Oesophagus	3	.	.	.	.	.	.	.	.	.	1	2
Malignant Neoplasm, Stomach	48	.	.	.	.	.	.	1	2	8	25	12
Malignant Neoplasm, Intestine	51	.	.	.	.	.	.	3	7	4	17	20
Malignant Neoplasm, Larynx	1	.	.	.	.	.	.	.	.	1	.	.
Malignant Neoplasm, Lung, Bronchus	96	.	.	.	.	.	.	3	10	36	31	16
Malignant Neoplasm, Breast	28	.	.	.	.	.	.	2	5	7	9	5
Malignant Neoplasm, Uterus	20	.	.	.	.	.	.	1	3	4	5	7
Malignant Neoplasm, Prostate	14	.	.	.	.	.	.	.	.	.	4	10
Leukaemia	3	.	.	.	.	.	.	1	.	.	2	.
Other Malignant Neoplasms	89	.	.	.	2	1	2	3	11	24	23	23
Benign and Unspecified Neoplasms	4	.	.	.	.	.	.	.	2	2	.	.
Diabetes Mellitus	18	.	.	.	.	.	.	.	2	3	6	7
Other Endocrine, etc. Diseases	7	.	.	.	3	.	.	.	.	2	2	.
Anaemias	2	.	.	.	.	.	.	.	.	.	.	2
Mental Disorders	3	.	.	.	.	.	.	.	.	.	1	2
Meningitis	3	.	.	1	.	.	1	.	.	1	.	.
Other Diseases of Nervous System, etc.	16	.	.	1	1	.	2	1	2	4	1	4
Chronic Rheumatic Heart Disease	21	.	.	.	.	.	1	1	3	4	5	7
Hypertensive Disease	31	.	.	.	.	.	.	.	3	2	4	22
Ischaemic Heart Disease	415	.	.	.	.	.	.	4	30	73	125	183
Other Forms of Heart Disease	105	.	.	.	.	.	.	2	1	5	22	75
Cerebrovascular Disease	267	.	.	.	.	.	.	3	8	33	69	154
Other Diseases of Circulatory System	86	.	.	.	.	.	2	.	2	6	16	60
Influenza	17	.	.	.	.	.	.	1	1	5	3	7
Pneumonia	131	.	9	1	.	3	2	3	5	9	35	64
Bronchitis and Emphysema	75	.	.	.	.	.	.	1	3	7	30	34
Asthma	2	.	.	.	.	.	1	.	.	.	1	.
Other Diseases of Respiratory System	10	.	2	.	.	.	.	1	1	1	3	2
Peptic Ulcer	9	.	.	.	.	.	.	.	.	2	6	1
Intestinal Obstruction and Hernia	7	.	.	.	.	.	.	.	.	1	1	5
Cirrhosis of Liver	3	.	.	.	.	.	.	.	1	.	1	1
Other Diseases of Digestive System	19	.	.	.	.	.	.	3	1	4	3	8
Hepatitis and Nephrosis	15	.	.	.	.	.	.	3	1	2	3	6
Hyperplasia of Prostate	4	.	.	.	.	.	.	.	.	.	.	4
Other Diseases, Genito-Urinary System	15	.	.	.	.	1	.	.	1	1	3	9
Diseases of Skin, Subcutaneous Tissue	1	.	.	.	.	.	.	.	.	.	.	1
Diseases of Musculo-Skeletal System	10	.	.	.	.	.	.	1	.	1	3	5
Congenital Anomalies	11	1	6	2	1	.	.	1	.	.	.	.
Birth Injury, Difficult Labour, etc.	15	14	1	.	.	.	.	.	.	.	.	.
Other Causes of Perinatal Mortality	19	19	.	.	.	.	.	.	.	.	.	.
Symptoms and Ill Defined Conditions	20	.	.	.	.	1	.	.	.	.	.	19
Motor Vehicle Accidents	37	.	1	.	5	12	4	2	4	6	.	3
All other Accidents	39	.	1	2	2	2	1	1	3	5	5	17
Suicide and Self-inflicted Injuries	12	.	.	.	.	.	4	3	1	2	2	.
All other External Causes	7	.	.	.	1	2	1	.	2	.	1	.
TOTALS ALL CAUSES	1,830	35	22	7	15	22	22	45	118	271	473	800

AND IN DISTRICTS IN THE COUNTY 1969

Urban Districts						Rural Districts						
Huntingdon & Godmanchester Borough	Old Fletton Urban	Peterborough City	Ramsey Urban	St. Ives Borough	St. Neots Urban	Barnack	Huntingdon	Norman Cross	Peterborough	St. Ives	St. Neots	Thorney
1		3			1	1			1	2		
1	1	3					1					
		4					1	1				
		1		1					1	1		
2	5	22	2	1	3		1	2	3	5	1	1
1	2	23	1		4	4	3	2	3	4	4	
			1									
10	7	36	1	4	8	1	7	7	6	4	4	1
4	2	8	1	2	1	1	2	1	1	2	3	
1		11	1	1				1	3	1	1	
1	2	4	1	2			2		1			
		2								1		
7	7	42	2		3	2	5	6	7	6	2	
1		2			1							
3		5		1	4		3			2		
2		2	2								1	
			1								1	
		1						1		1		
1		2					1					
4	4	5	2					4	1	1	1	1
6	1	7		1	1				4			
41	30	14	14	13	30	8	14	1	1	3	3	5
7	9	40	2	15	5	2	2	25	16	49	22	4
26	11	120	12	10	12	2	8	4	8	16	17	6
10	9	31	1	4	9		5	11	16	6	1	
	2	4	1				3	4	6	3	2	1
14	8	61	2	6	9	2	8	3	1	10	4	2
8	4	36	3		6	2	3	2	2	3	3	1
		1					1					
		4	1		1					2	2	
1		6			1			1				
	2	2	1							1	1	
1		2										
2	5	6		1	1			2	1	1		
1	2	6		1	2		2		1			
		1			1		1				1	
2	3	1	3		1			2	1	2		
		1										
1	1	5			1		1			1		
3	1	2	1		1		1			1	1	
1		9	1		1	1		2			3	
1	2	10					1	1				1
1	1	14	1	1			3				1	
2	1	13	1	2	4	2	2	1		7	1	
5	1	9	2	1	2	1	1	7	4	4	1	
2		3	1	3			3			1	1	
		3					3				1	
173	123	735	62	70	115	29	86	91	92	144	87	23

III - NATIONAL HEALTH SERVICE ACT, 1946

HEALTH CENTRES

(Section 21)

There are no Health Centres of the type envisaged in the National Health Service Act, 1946.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante-Natal and Post-Natal Care

Perhaps the most important change in the arrangements for the ante-natal and post-natal care of mothers is the scheme which is now universal throughout the County in that all midwives are attached to general practitioners, or to group practices. Liaison between the general practitioner and the Local Health Authority midwife has always been good, but it has now reached a very high standard, and the midwife is very much part of "a team" .

The 48-hour discharge from hospital is now a routine procedure in many cases, and the midwife continues to undertake home visits to assess the conditions as to their suitability for early discharge. It is becoming much rarer to find that housing conditions are unsatisfactory. There are, however, still a number of cases where a longer stay in hospital is advised, the reason is nearly always that the patient has no-one to look after her. A home help is available if required, but this does not solve all the problems, especially as regards the evenings and nights if the husband is unable to be at home. Many young couples, who have recently come into the County, are unable to call upon their relatives, especially if the baby does not arrive at the expected date.

The figures for attendances at the ante-natal and post-natal clinics continue to fall. This is, of course, due to the fact that many more general practitioners are now holding their own ante-natal and post-natal clinics, with the Local Health Authority midwife in attendance, and these figures are not included in the tables.

TABLE 7

ANTE-NATAL AND POST-NATAL CLINICS

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of women in attendance:			
(i) For ante-natal examination	65	169	234
(ii) For post-natal examination	14	-	14
Number of sessions held by:			
(iii) Medical Officers	-	-	-
(iv) Midwives	67	199	266
(v) G.P.'s employed on a sessional basis	-	-	-
(vi) Hospital Medical Staff	-	-	-
(vii) Total number of sessions in lines (iii) - (vi)	67	199	266
Note: Lines (i) and (ii) do not include women in attendance at sessions held by their own general practitioners.			

TABLE 8

ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of women who attended during the year:			
(i) Institutional booked	308	268	576
(ii) Domiciliary booked	61	25	86
(iii) Total	369	293	662
Total number of attendances during the year	1,630	1,801	3,431

Dental Care

The Principal Dental Officer reports as follows:-

" Adult patients, eligible for treatment by this branch of the Service, are generally regular patients of general dental practitioners, and rightly continue to obtain treatment from the General Dental Service.

The few who seek treatment from the Local Authority Service do so either because they are new to the County district and find it difficult to obtain General Dental Service appointments within a reasonable period, or because they do not generally seek routine dental treatment, but are urged to do so for the sake of their offspring.

It is felt that no particular emphasis should be stressed on the development of this type of work, although the occasional adult patient is a valuable stimulation to staff who are generally attuned to dealing with child patients.

In contrast, the development of work with pre-school children is a matter of urgent priority as herein lies the foundation of dental health for future generations.

Acute staff shortage currently prevents action other than the treatment of the pre-school children brought for attention by enlightened parents, but the intention to employ Dental Auxiliaries as soon as they can be accommodated will significantly change the nature of this Service since Auxiliaries have proved to be especially valuable in the treatment of very young children.

TABLE 9

**DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS
AND CHILDREN UNDER 5 YEARS**

	<i>Children 0-4 (inc.)</i>		<i>Expectant and Nursing Mothers</i>	
	<i>County Area</i>	<i>City</i>	<i>County Area</i>	<i>City</i>
<u>Attendance and Treatment</u>				
Number of Visits for Treatment during Year:-				
First Visit	13	34	6	2
Subsequent Visits	10	12	8	1
Total Visits	23	46	14	3
Number of Additional Courses of Treatment other than the First Course commenced during the year	-	-	-	-
Treatment provided during the year - Number of Fillings	25	9	8	-
Teeth Filled	22	8	8	-
Teeth Extracted	4	24	1	-
General Anaesthetic given	1	10	-	-
Emergency Visits by Patients	2	5	-	-
Patients X-Rayed	1	-	-	2
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	-	-	3	2
Teeth Otherwise Conserved	-	26	-	-
Teeth Root Filled	-	-	-	1
Inlays	-	-	-	-
Crowns	-	-	-	-
Number of Courses of Treatment completed during the year	4	18	4	2
<u>Inspections</u>				
Number of Patients given First Inspections during year	35	32	7	2
Number requiring Treatment	18	18	7	2
Number offered Treatment	14	18	7	2

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5
YEARS (continued)

	County Area	City
<u>Prosthetics</u>		
Patients supplied with F.U. or F.L. (First time)	-	-
Patients supplied with Other Dentures	-	-
Number of Dentures supplied	-	-
<u>Anaesthetics</u>		
General Anaesthetics administered by Dental Officers	-	-
<u>Sessions</u>		
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:		
For Treatment	7	8
For Health Education	1	-

Ophthalmic Treatment

The arrangements whereby the pre-school child, who requires ophthalmic treatment, is referred either to the Hospital Eye Service or to the Ophthalmic Clinics which are run in connection with the School Health Service continue to work smoothly.

CHILDREN UNDER 5 YEARS SEEN AT COUNTY OPHTHALMIC CLINICS

	<i>Huntingdon</i>	<i>Stanground</i>	<i>Ramsey</i>	<i>Total</i>
Number of new cases	14	0	1	15
Number of old cases	17	2	0	19
Total attendances	31	2	1	34
Number of cases for whom spectacles prescribed	2	0	0	2

Orthopaedic Treatment

As in previous years, the pre-school child who requires orthopaedic treatment is referred either to the Hospital or to the Orthopaedic Clinic at Huntingdon, at which an Orthopaedic Surgeon from Manfield Hospital, Northampton, and the County Physiotherapist are in attendance. The number of pre-school children attending these clinics is small and the clinics are primarily for school children.

Premature Births

There were 132 premature live births in the County area, which is 22 more than in 1968. *There was a decrease in the number of premature stillbirths. In 1969 the figure was 9 compared with 21 in the previous year.

Special equipment for the nursing of premature infants is available for cases considered suitable to be nursed at home.

* 120 were so nursed and alive at the end of four weeks. No premature baby died "on the district" - i.e. so nursed at home. These figures are very satisfactory.

TABLE 10

PREMATURE BIRTHS

County Area

Weight at birth	Premature live births													Premature stillbirths				
	Born in hospital				Nursed entirely at home or in a nursing home				Born at home or in a nursing home				Transferred to hospital on or before 28th day					
	Died				Died				Died				Born					
	Total births (1)	within 24 hours (2)	in 1 & under 7 days (3)	in 7 & under 28 days (4)	Total births (5)	within 24 hours (6)	in 1 & under 7 days (7)	in 7 & under 28 days (8)	Total births (9)	within 24 hours (10)	in 1 & under 7 days (11)	in 7 & under 28 days (12)	in hospital (13)	at home or in a nursing home (14)				
1. 2 lb 3 oz or less	5	4	-	1	-	-	-	-	-	-	-	-	3	-				
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	10	2	-	1	1	-	-	-	-	-	-	-	2	-				
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	24	1	1	-	2	-	-	-	3	-	-	-	3	-				
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	24	1	-	-	1	-	-	-	-	-	-	-	1	-				
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	56	1	-	-	5	-	-	-	1	-	-	-	-	-				
6. Total	119	9	1	2	9	-	-	-	4	-	-	-	9	-				

TABLE 11

PREMATURE BIRTHS

City of Peterborough

Weight at birth	Premature live births														Premature stillbirths
	Born in hospital	Born at home or in a nursing home								Born					
		Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day									
		Total births (1)	within 24 hours (2)	in 1 & under 7 days (3)	in 7 & under 28 days (4)	Total births (5)	within 24 hours (6)	in 1 & under 7 days (7)	in 7 & under 28 days (8)		Total births (9)	within 24 hours (10)	in 1 & under 7 days (11)	in 7 & under 28 days (12)		in hospital (13)	at home or in a nursing home (14)
1, 2 lb 3 oz or less	3	1	-	-	-	-	-	-	-	-	-	-	1	-	
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	7	3	3	-	-	-	-	-	-	-	-	-	2	-	
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	21	2	-	1	-	-	-	-	-	-	-	-	2	-	
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	10	1	1	-	-	-	-	-	-	-	-	-	1	-	
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	41	-	-	-	-	-	-	-	-	-	-	-	1	-	
6. Total	82	7	4	1	-	-	-	-	-	-	-	-	7	-	

Congenital Malformations

The number of congenital malformations observed at birth and notified to the General Register Office during the year was 62, the comparable figure for the preceding year being 56.

The register of congenital malformations observed at birth is a relatively new innovation, but one wonders whether it goes far enough, or provides the quality, or quantity, of information which is most useful. Many congenital abnormalities are not discovered until later in life. Some of the heart conditions, haemophilia, nerve deafness, mental subnormality, are a few that come to mind. These conditions would seem to be very much more important than mild talipes or syndactyly, which are easily seen at birth.

It was, therefore, decided that from the 1st January, 1969, a register should be kept, in this County, of all children, under the age of two years, who are known to have any handicap, whether congenital or acquired, which will build up.

The conditions found were classified as follows:

TABLE 12

Central Nervous System	6
Eye and ear	2
Alimentary System	3
Heart and great vessels	1
Respiratory System	2
Uro-genital System	12
Limbs	28
Other part of Musculo-Skeletal System	1
Other Systems	3
Other malformations	4

In some cases more than one malformation was observed.

Child Health Service

Although the total number of children attending the Child Health Clinics in 1969 was 5,202, which is practically the same as in 1968, when the figure was 5,203, this does not really give a true picture of the care of young children in the County, as

more doctors, and group practices, are now holding their own well baby clinics in their surgery premises, and the health visitor attached to the practice is in attendance. The figures for these clinics are not included in the statistical tables. In other cases general practitioners are holding clinics in Local Health Authority premises.

This new look may not appear satisfactory in the Annual Report of the Medical Officer, but there is not a shadow of doubt that it is extremely beneficial to have the one doctor to look after the child, both in sickness and in health. As yet, this scheme has not been implemented throughout the County as some general practitioners are unable to spare the time for this work, especially during periods when there is much illness in the community.

TABLE 13

CHILD HEALTH SERVICE

	<i>County Area</i>	<i>City</i>	<i>Total</i>
Number of children who attended during the year:			
(i) Born in 1969	1,798	677	2,475
(ii) Born in 1968	1,753	408	2,161
(iii) Born in 1964-1967	1,650	642	2,292
(iv) Total	5,201	1,727	6,928
Number of sessions held by:			
(v) Medical Officers	509	18	527
(vi) Health Visitors	348	303	651
(vii) G.P.'s employed on a sessional basis	71	160	231
(viii) Hospital medical staff	-	-	-
(ix) Total number of sessions in lines (v) - (viii)	928	481	1,409
Number of children referred elsewhere	189	32	221
Number of children on "at risk" register at end of year	640	399	1,039

TABLE 14
CHILD HEALTH SERVICE

		Children attending who were born in			Total Attendances 1969	Total Attendances 1968
		1969	1968	1967-64		
BAINTON Reading Room	Second Monday	5	5	6	47	60
BARNACK Village Hall	Third Thursday	15	15	9	171	185
BRAMPTON Youth Centre, High Street	First and Third Wednesday	67	49	43	628	492
BUCKDEN The Surgery, Silver Street	Second and Fourth Wednesday	40	9	50	582	398
CASTOR Village Hall	Second Tuesday	5	8	9	101	156
EATON SOCON Women's Institute Hall, The Green	Second Tuesday	26	37	28	546	1,183
ELTON Highgate Hall	Fourth Tuesday	7	12	11	163	177
EYE Leeds Hall	First and Third Monday	46	33	28	618	582
FENSTANTON Church Hall	First Monday	19	11	31	169	172
GLINTON Youth Centre Arthur Mellows Village College	Second and Fourth Thursday	39	42	30	667	794
GODMANCHESTER Old Civil Defence Hall St. Anne's Lane	Second and Fourth Wednesday	44	65	38	747	589

CHILD HEALTH SERVICE

		Children attending who were born in			Total Attendances 1969	Total Attendances 1968
		1969	1968	1967-64		
GREAT STAUGHTON						
The Surgery, High Street, Kimbolton.	First Wednesday	13	17	29	266	237
HELPSTON						
School Hall	Fourth Wednesday	17	12	11	225	192
HUNTINGDON						
Child Health Centre, Nursery Road	Tuesday & Thursday	212	200	373	4,350	4,717
KIMBOLTON						
The Surgery, High Street	Third Wednesday	16	16	28	221	250
MAXEY						
Congregational Church Hall	Second Wednesday	14	12	13	211	174
NEWBOROUGH						
Village Hall	Third Tuesday	13	17	12	201	219
NORTHBOROUGH						
The County Primary School	Fourth Monday	18	24	19	273	65
OLD FLETTON						
169 London Road	Every Tuesday	71	70	58	1,658	1,522
RAMSEY						
Child Health Centre, Westfield	Second & last Wednesday	27	37	6	472	565
ST. IVES						
Child Health Centre, Ramsey Road	Every Friday & First & Third Wednesday	170	190	210	2,636	2,655

CHILD HEALTH SERVICE

		Children attending who were born in			Total Attendances	Total Attendances
		1969	1968	1967-64	1969	1968
ST. NEOTS Child Health Centre, Almond Road	Every Thursday & Second Monday	253	238	150	3,140	3,659
(Figures for 1968 - Total Attendances include Eynesbury)						
SAWTRY Youth Centre, Sawtry Village College	First Friday	28	43	36	395	407
SOMERSHAM Youth Centre	Third Monday	19	18	27	285	330
STANGROUND Child Health Centre, Whittlesey Road	Every Thursday a.m., & p.m., Second Monday	210	228	159	3,909	3,703
STILTON Village Hall	Third Friday	16	16	17	296	329
THORNEY Community Centre	Alternate Tuesdays	27	41	34	738	795
UPWOOD R.A.F. Station	Alternate Thursdays	40	51	12	672	662
WARBOYS Women's Institute High Street	First Wednesday	24	21	38	321	334
WITTERING Parish Hall	First & Third Wednesday a.m., & p.m.	98	113	67	1,363	1,472

CHILD HEALTH SERVICE

	Children attending who were born in			Total Attendances 1969	Total Attendances 1968
	1969	1968	1967-64		
WYTON R.A.F. Station Alternate Thursdays	86	79	39	1,094	1,171
YAXLEY Church Hall Fourth Friday	26	23	27	292	407
ST. NEOTS The Surgeries:-					
Doctors Suffield, Lyle Every and Bath Friday	87	1	2	730	-
Doctors Harvey and Every Monks Thursday					
	1,798	1,753	1,650	28,187	28,653

The Unmarried Mother and Her Child

Miss E.L. Rayner, Moral Welfare Worker in the service of the Ely Diocesan Association, who is employed three-fifths of her time by the County Council reports as follows:-

" During the year 1969 one girl went to the Bateman Street Mother and Baby Home. In this case the Putative Father paid £50 and the girl paid the rest.

During the year:-

- 40 girls applied for help
- 1 miscarriage at 24 weeks
- 1 baby received into care having cataract, heartmurmur and suspected split spleen
- 6 babies were unborn at the end of the year
- 10 babies were placed for Adoption.

In the remaining cases the Mother is caring for her child. "

Mrs. I.M. Winham, Case Worker, Peterborough Diocesan and Social Welfare Council reports as follows:-

" Cases dealt with in 1969:-

	Peterborough	Huntingdon and Peterborough
Brought forward from 1968	23	8
New Illegitimate cases	52	9
Other Cases	25	6
	<hr/>	<hr/>
	100	23
	<hr/>	<hr/>

There were two cases of Legal Abortions, aged 14 and 41 years respectively. "

Distribution of Welfare Foods

The Health Department continued to arrange for the distribution of welfare foods to expectant and nursing mothers and children under five in accordance with the scheme of the Department of Health and Social Security.

At the end of the year there were 10 voluntary distribution points in the rural areas of the County and I am greatly indebted to these voluntary workers for their assistance in providing this valuable service. Welfare foods are also distributed from six main Clinics and 22 smaller Clinics.

TABLE 15

	1969	1968
National Dried Milk (tins)	3,886	3,937
Orange Juice (bottles)	28,010	25,028
Cod Liver Oil (bottles)	1,252	1,389
Vitamin A and D Tablets (packets)	1,506	1,361
Total	34,654	31,715

Family Planning

The East Midlands Branch of the Family Planning Association continued to provide a family planning service in the County, clinic premises and equipment being made available, free of charge for the use of the Association.

Clinic sessions are held as follows:-

Peterborough - Infant Welfare Centre, Town Hall

1st and 3rd Wednesdays 10.00 - 11.30 a.m.

2nd, 3rd and 4th Wednesdays 6.30 - 8.30 p.m.

Fridays 2.0 - 4 p.m.

Huntingdon - Child Health Centre, Nursery Road

Wednesdays 7.0 - 8.30 p.m.

St. Neots - Child Health Centre, Almond Road

Tuesdays 7.0 - 8.0 p.m.

1st and 3rd Thursdays 9.30 - 11.30 a.m.

2nd, 4th and 5th Thursday afternoons (supplies and appointments only) 2.00 - 3.00 p.m.

St. Ives - Child Health Centre, Ramsey Road

2nd and 4th Mondays

and alternate Tuesday mornings 9.30 - 11.0 a.m.

NURSING SERVICES

The last five years have shown many changes in the scope and type of work undertaken by all the domiciliary nursing services. All members of the domiciliary nursing staff are now attached to General Practitioner Practices and although, either from the size of the General Practitioner Practice or because of insufficient members of staff, especially in the Health Visiting Field, some have to share the member of the Local Authority staff. This is a procedure which is steadily, but firmly, growing in popularity, both with the General Practitioners and the attached members of staff.

Recruitment

The number of staff employed has steadily increased over the last five years, but so also has the scope of work and responsibilities in all fields, especially in the Health Visiting Field where recruitment has lagged behind the increased population.

During the past five years we have gradually separated the midwifery and district nursing services as opportunities in the more populated areas have arisen, thus giving the patient in both instances, a much improved service. Recruitment to the district nursing service has been excellent but on the midwifery side we have had intervals of difficulty. However, by December this year we were completely staffed. Health Visitor recruitment has always been difficult but this is, generally speaking, a national difficulty. More young people are coming forward for training so that there should be more Health Visitors available in the next few years, although some of the present staff will have reached or will reach the age of retirement shortly.

Midwifery

Although from the chart below it will be seen that actual home confinements have decreased over the year, early discharges have increased, along with the number of General Practitioner Ante-natal Clinics. These Ante-natal Clinics, apart from increasing in number have also increased greatly in attendance owing to the increased population, and the larger number of expectant mothers that returned to the General Practitioners for Ante-natal Care. Midwives, together with Health Visitors, also continue to run the Relaxation and Mothercraft Classes, which play an important part in the Ante-natal Care, especially that of the primigravida.

	1965	1966	1967	1968	1969
Domiciliary Deliveries	719	676	591	549	412
Early Discharges (Before 10th day)	713	1,159	1,459	1,563	1,701

During the latter part of 1969 the Domiciliary Midwives within a six-mile radius of Huntingdon, started taking their patients to the General Practitioner Unit, Primrose Lane, Huntingdon, for delivery, and although at the time of this report the scheme is only in its infancy, it appears to be progressing well and to the satisfaction of domiciliary and Hospital staff.

Guthrie Testing

During the past year Guthrie Testing of all infants has been started. This test is preferably carried out, at the request of the laboratory, on the ninth day after birth. Until all hospitals in the area were doing this test some infants were tested by the Health Visitor as soon as possible after the tenth day, but now the entire area is sending samples of blood taken on the ninth day. In the early stages we had quite a number of requests for repeat samples, owing to insufficient specimens being sent, but by the end of the year the repeats were down to the occasional one, which is gratifying to all staff and not least of all, to the mothers of the infants.

Health Visiting

To supplement the Health Visiting Service in the areas with a larger population, School Nurses, who are S.R.N. only, have been appointed. These nurses always work under the guidance of the Health Visitor.

Food Sales Clerks have also been introduced during this five year period so that Health Visitors have no dealings with food sales now, even in the smaller clinics.

General District Nursing

As the supply of State Registered Nurses at the end of December, 1969, was sufficient to cover reasonably most General Practitioner Practices, in the coming year it is hoped to recruit State Enrolled Nurses and Auxiliaries to enable a team to be adequately organised for District Work. This team with the increase of work including early hospital discharges, which are, in parts of the county, a pre-arranged scheme, should give the patients a much improved service in all spheres and the staff a much better job satisfaction.

Home Nursing - Number of Patients Visited

1965	1966	1967	1968	1969
1,036	1,158	1,226	1,446	1,522

Present Staff and State of Service

Full Time District Midwives

Miss M. Baulch
 Mrs. L.O.T. Benham
 Mrs. S.S. Brown
 Mrs. H. Compson
 Mrs. C. Goodbody
 Mrs. B.D. Griffiths
 Mrs. J.G. Guile

Mrs. J.S.E. Hall
 Miss J.N. Harling
 Mrs. J.C. Koldan
 Mrs. L.R. Nobbs
 Mrs. E.M. Pougher
 Mrs. H. Sibthorpe
 Mrs. E.H. Wilks

Part Time District Midwives

Mrs. E.D. Brandham

Mrs. R.M. Fuller

Full Time District Nurses

Mrs. D.L. Baker
 Mrs. F.M. Collett
 Mrs. B.J.M. Croot
 Mrs. J. Goodwill
 Mrs. M. Latchford

Mrs. P.A. McCarthy
 Mrs. T.J. Moore
 Mrs. J. Seaward
 Mrs. E.D. Sismey
 Mrs. H. West

Part Time District Nurses

Mrs. C.J. Brand
 Mrs. M.A. Collins

Mrs. E.L. Hewson
 Mrs. E.D. Shimwell

Mrs. J. Steele

Two part time State Enrolled Nurses are also employed on the district.

Full Time District Nurse/Midwives

Miss M.M. Drummond
 Mrs. P.E. Dyke
 Mrs. J.A. Johnston
 Mrs. D.V. Mart

Miss K. Mears
 Mrs. O.N. Millard
 Miss B.J. Parks
 Miss E. Rose

Mrs. P.M. Smith

Part Time District Nurse/Midwives

Mrs. W.M. Little

Full Time Health Visitors

Miss J. Allen
Mrs. J. Arnott
Miss K.E. Bowers
Mrs. N.P. Buxton
Miss L.M. Capel
Miss E. Griffiths (T.B. Health Visitor)
Mrs. E.E. Hanson

Miss M.J. Harrison
Miss E. Pelbrough
Mrs. J.W. Rawlings
Miss M.E.C. Simpson
Miss K.E. Taverner
Miss M. Wagstaff
Miss J.E.K. Watkins

Part Time Health Visitors

Mrs. J. Bryson
Mrs. D.M. Fordham

Mrs. M.G. Hewlett
Mrs. L.E. Szlauer

Full Time School/Clinic Nurses

Mrs. M.A. McLaren

Mrs. E.M. Towns

Mrs. E.A. Stubberfield

Part Time School/Clinic Nurses

Mrs. M.L. Clarke

Mrs. B.M. Shaw

During this period annual leave and off-duty have also increased which adds a further burden to existing staff. Apart from Health Visitors who normally work a five-day week, i.e. Monday to Friday, all other members of staff now work a five-day week, rotating to relieve each other, with the help of part time staff.

Training

In Service Training

During the past five years, although there have been Staff Meetings and discussions with all members of staff on current trends in all spheres of work, we have also introduced Study Days which have proved very welcome not only to our own staff but also to the members of staff in neighbouring areas.

District Nurse Training

For the past two years we have, in conjunction with Cambridgeshire and the Isle of Ely County Council, Cambridge City and Peterborough City, undertaken combined training, and have so far trained ten District Nurses. This sixteen week course, which combines a study day with domiciliary work and extra half days in their own area, has proved extremely beneficial and has, despite the extra work involved, been appreciated by all members of the staff.

We also have had a number of State Enrolled Nurses during their training for at least a one-day visit with the domiciliary nursing staff.

Pupil Midwifery Training

Pupil Midwives from The Gables Maternity Hospital, Peterborough, have continued their domiciliary training in the St. Neots area, and, although, as in some part of the county, we have no shortage of domiciliary deliveries in this area, we have during the past two years gradually increased the scope of her practical knowledge by introducing visits to other services.

Obstetric Students from The Gables Maternity Hospital have also continued with their two-day domiciliary visits.

Midwifery Training

Midwives have continued with their five-yearly refresher course and several have also attended various revision courses for relaxation to enable them to keep up-to-date with modern methods.

Health Visitor Training

Health Visitors have continued to attend refresher courses approximately every five years, some, where possible, attending a course specially geared to Health Education or G.P. Attachment.

Health Education

Health Education is slowly progressing in schools, but at least it is a field in

which there has been a steady increase ranging from simple talks to infant and junior schools following films, to full Mothercraft Classes and Classes for 'O' Level Biology.

There has been the usual run of talks to various organisations such as the Young Wives and Women's Institutes, on all topics and these have increased during the past year.

Loan Equipment

During the past five years our stock and use of Loan Equipment has steadily improved and we now have:-

- Air Rings
- Back Rests
- Bed Blocks
- Bed Cradles
- Bed Pans
- Beds and Mattresses
- Commodes
- Enuresis Alarms
- Hoists
- Penryn Hoists
- Ripple Beds
- Ripple Cushions
- Urinals
- Wheelchairs

Within this sphere we also supply some non-returnable items such as Maternity and Early Discharge Outfits, Incontinence Pads, and Incontinence Pants and Liners.

TABLE 16
MIDWIFERY SERVICE

	County Area	City	Total
<u>Notification of Intention to Practice</u>			
Under the rules of the Central Midwives Board, midwives notified their intention to practise as follows:-			
Domiciliary	27	7	34
Institutional	12	29	41
<u>Number of Domiciliary Confinements attended by midwives under N.H.S. arrangements</u>			
Doctor not booked	3	-	3
Doctor booked	407	230	637
<u>Cases delivered in hospital and other institutions but discharged and attended by domiciliary midwives before 10th day</u>			
	1,701	894	2,595

HOME NURSING SERVICE

	County Area	City	Total
Total number of persons nursed during the year	1,522	824	2,346
Number of persons who were aged under 5 at first visit in 1969	69	9	78
Number of persons who were aged 65 or over at first visit in 1969	911	568	1,479

TABLE 17
HEALTH VISITING

<i>Cases Visited by Health Visitors</i>	<i>Number of Cases</i>		
	<i>County Area</i>	<i>City</i>	<i>Total</i>
1. Total number of cases	8,518	4,832	13,350
2. Children born in 1969	2,475	1,375	3,850
3. Children born in 1968	1,935	647	2,582
4. Children born in 1964-67	3,143	1,354	4,497
5. Total number of children in lines 2-4	7,553	3,376	10,929
6. Persons aged 65 or over	297	239	536
7. Number included in line 6 who were visited at the special request of a G.P. or hospital	149	75	224
8. Mentally disordered persons	26	18	44
9. Number included in line 8 who were visited at the special request of a G.P. or hospital	18	-	18
10. Persons excluding Maternity cases, discharged from hospital (other than mental hospital)	5	3	8
11. Number included in line 10 who were visited at the special request of a G.P. or hospital	2	2	4
12. Number of tuberculous households visited	48	6	54
13. Number of households visited on account of other infectious diseases	28	5	33
14. Other cases	352	1,047	1,399
15. Number of tuberculous households visited by tuberculosis visitors	214	138	352

VACCINATION AND IMMUNISATION (Section 26)

Smallpox Vaccination

1,100 persons under the age of 16 received primary smallpox vaccination and 226 were re-vaccinated. This shows a fall from 1968, when the comparable figures were 1,176 and 99 respectively. It is noticeable that the advice of the Department of Health and Social Security, that the optimum time for vaccination is in the second year of life, is now being carried out, but, as yet, the advice as regards re-vaccination has not been implemented.

Measles

Routine prophylaxis against measles was continued, but owing to the shortage of vaccine after the first quarter in the year, the number of children who were vaccinated was 1,532 compared with 3,698 in the previous year.

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

It is disturbing to note that there was again a drop in the number of children who received primary vaccination and immunisation. The comparative figures for 1969 and 1968 are given in Table 18. Not only in the actual fall are the numbers disappointing, but, with the increase in the child population, the percentage of youngsters who are protected will diminish.

The same remark applies to the number of children who were given re-inforcing boosters against diphtheria and tetanus. There are no specific recommendations regarding boosters for whooping cough.

It is, pleasing, however, to note that there was an increase in the number of persons under the age of sixteen who received a booster dose of poliomyelitis vaccine. Perhaps parents are more aware of the dangers of poliomyelitis, as the resulting disability of children and adults, who have contracted the disease, can still be seen. It is doubtful if any parent of a child under sixteen has ever seen a case of virulent diphtheria, and may be the same might be said for the younger generation of medical practitioners, both in general practice and in the Local Health Authority service.

TABLE 18

Completed Primary Course	1969	1968
Diphtheria	1,315	1,336
Pertussis	1,265	1,284
Tetanus	1,443	1,434
Poliomyelitis	1,374	1,768
Reinforcing doses		
Diphtheria	2,039	2,338
Pertussis	610	1,208
Tetanus	2,283	2,501
Poliomyelitis	2,242	1,585

TABLE 19

SMALLPOX VACCINATION

County Area

Persons Aged Under 16

Age at date of Vaccination	Number of Persons Vaccinated (or Revaccinated) during Period		Number of Cases Specially Reported During Period		
	Number Vaccinated	Number Revaccinated	(a) Generalised Vaccinia	(b) Post-Vaccinal Encephalo-myelitis	(c) Death from Complications of Vaccination other than (a) and (b)
0- 3 months	3	-	-	-	-
3- 6 months	3	-	-	-	-
6- 9 months	6	-	-	-	-
9-12 months	5	-	-	-	-
1 year	283	2	-	-	-
2- 4 years	659	15	-	-	-
5-15 years	141	209	-	-	-
Total	1,100	226	-	-	-

City of Peterborough

Age at date of Vaccination	Number of Persons Vaccinated (or Revaccinated) during Period		Number of Cases Specially Reported During Period		
	Number Vaccinated	Number Revaccinated	(a) Generalised Vaccinia	(b) Post-Vaccinal Encephalo-myelitis	(c) Death from Complications of Vaccination other than (a) and (b)
0 -3 months	3	-	-	-	-
3- 6 months	3	-	-	-	-
6- 9 months	6	-	-	-	-
9-12 months	11	-	-	-	-
1 year	312	17	-	-	-
2- 4 years	190	19	-	-	-
5-15 years	46	55	-	-	-
Total	571	91	-	-	-

TABLE 20

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1969

County Area (Excluding City of Peterborough)

Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962- 1965		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	166	867	178	22	24	8	1,265
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	1	10	1	1	16	17	46
5. Diphtheria	-	1	-	-	3	-	4
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	1	5	1	2	8	115	132
8. Salk	-	2	1	-	-	-	3
9. Sabin	187	886	201	28	47	22	1,371
10. Measles	2	426	418	251	393	42	1,532
11. Lines 1+2+3+4+5 (Diphtheria)	167	878	179	23	43	25	1,315
12. Lines 1+2+3+6 (Whooping cough)	166	867	178	22	24	8	1,265
13. Lines 1+2+4+7 (Tetanus)	168	882	180	25	48	140	1,443
14. Lines 1+8+9 (Polio)	187	888	202	28	47	22	1,374

Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962- 1965		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	2	85	463	22	24	8	604
3. Diphtheria/Pertussis	-	-	-	-	6	-	6
4. Diphtheria/Tetanus	4	7	29	20	1,250	114	1,424
5. Diphtheria	-	-	-	-	3	2	5
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	2	3	5	38	207	255
8. Salk	-	-	-	1	14	-	15
9. Sabin	9	43	93	40	1,828	214	2,227
10. Measles	-	-	-	-	-	-	-
11. Lines 1+2+3+4+5 (Diphtheria)	6	92	492	42	1,283	124	2,039
12. Lines 1+2+3+6 (Whooping Cough)	2	85	463	22	30	8	610
13. Lines 1+2+4+7 (Tetanus)	6	94	495	47	1,312	329	2,283
14. Lines 1+8+9 (Polio)	9	43	93	41	1,842	214	2,242

TABLE 21

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1969

City of Peterborough

Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962- 1965		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	157	515	77	32	45	12	838
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	1	1	-	6	3	11
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	1	1	-	1	9	89	101
8. Salk	1	2	9	3	1	-	16
9. Sabin	187	543	92	32	184	42	1,080
10. Measles	3	97	111	81	151	16	459
11. Lines 1+2+3+4+5 (Diphtheria)	157	516	78	32	51	15	849
12. Lines 1+2+3+6 (Whooping cough)	157	515	77	32	45	12	838
13. Lines 1+2+4+7 (Tetanus)	158	517	78	33	60	104	950
14. Lines 1+8+9 (Polio)	188	545	101	35	185	42	1,096

Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962- 1965		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	3	24	52	9	603	50	741
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	3	9	14	9	142	18	195
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	2	1	-	1	13	195	212
8. Salk	-	-	4	3	30	13	50
9. Sabin	5	23	52	20	531	282	913
10. Measles	-	-	-	-	-	-	-
11. Lines 1+2+3+4+5 (Diphtheria)	6	33	66	18	745	68	936
12. Lines 1+2+3+6 (Whooping cough)	3	24	52	9	603	50	741
13. Lines 1+2+4+7 (Tetanus)	8	34	66	19	758	263	1,148
14. Lines 1+8+9 (Polio)	5	23	56	23	561	295	963

AMBULANCE SERVICE

(Section 27)

The following information has been supplied by the County Ambulance Officer.

" A page of figures which has been the usual contribution to the Annual Report of the County Medical Officer of Health does not do justice to the work of the Ambulance Service staff. In 1969 there has been a determined effort to evaluate the best use of Service in terms of manpower, vehicles and equipment in order to reduce delays at hospitals, co-ordinate journeys and make the patient's journey to and from hospital more comfortable. There is still a tendency in local authorities and the ambulance brigades to look at economies and their own conditions of service without regard to the most important person in an ambulance - *The Patient*.

The five main ways in which it was hoped to carry out these objectives were as follows:-

- (1) Establish in Peterborough central reception of calls both emergency and routine, from all the County area.
- (2) Appoint Hospital Ambulance Officers at Peterborough District and Huntingdon County Hospitals.
- (3) Recruit female telephonists in the Control to allow trained Ambulance staff to supervise the Control and outside crews.
- (4) Examine the design and riding qualities of the present ambulance vehicles to see if improvements in the loading facilities and general comfort of the patient's journey can be improved.
- (5) Use the Hospital Car Service agency as instructed by the Health Committee for those cases which can travel by car for routine treatment.

By the end of the year only part of this programme had been completed.

A special study was made of the best way to convey spinal paraplegic patients to specialist hospitals such as Stoke Mandeville. Recently there had been the opinion that these cases should go by helicopter. Apart from the high cost of this type of transport there were other considerations such as the number of lifts an air journey involved as opposed to an ambulance journey. The noise of a helicopter and the problem of flying from emergency landing areas in bad weather and at night are all

factors to be taken into account. A special air deflated stretcher (" Immobilizer") was provided for a test run, which was witnessed by the County Medical Officer and senior hospital consultants at Peterborough and Stoke Mandeville. I acted as the patient and travelled in an ambulance to the Spinal Injuries Unit near Aylesbury. At the same time we interviewed patients who had been carried by helicopter or ambulance with spinal injuries. The conclusion was reached that there is a need for both types of journey according to the condition of the patient but that the air inflated stretcher had considerably improved the conditions for patients suffering from spinal injury.

During the year extensive and at times exhausting negotiations took place with the representative organisations and a standard set of conditions of service for all ambulance staff was agreed. I am grateful to the Union Officials for the time, patience and co-operation which they gave during the preparations of the agreement. I hope that a study for a pay and productivity bonus scheme can soon be prepared as recommended by the National Joint Council for Ambulance Staffs.

The Government's green paper on the future of Local Authority Health Services proposes the transfer of the Ambulance Service to the proposed Area Health Boards of the unitary authorities. Whether this statement of intent becomes a reality or not it is evident in all the studies into efficiency which have been made at these Headquarters during the year show that it will be necessary to consider a separate Ambulance Station for Huntingdon. The present arrangements at Peterborough and St. Neots where the Fire and Ambulance Stations are side by side and facilities can be shared in both supervision and services works well. At Huntingdon where growth in both Fire and Ambulance staffs has taken place the Station is not capable of dealing with further expansion in terms of manpower or vehicles. Apart from space the increase in morale which will accrue from having their own quarters would be of inestimable value and assist the changeover to Area Health Boards if agreed at a later date.

During the year some members of the Health Committee visited the Ambulance Control and Stations at Peterborough and Huntingdon. This was the first occasion that any elected members had seen the new Stations, which was good for both Service and member. I hope it may be possible for another visit by new or interested members in 1970.

I set out below the structure of the Ambulance Service in the County which shows the Command and Control organisation:-

County Ambulance Officer	
Deputy County Ambulance Officer	
Divisional Ambulance Officer Peterborough	Divisional Ambulance Officer Huntingdon
Senior Ambulance Control Officer	Ambulance Officer
Hospital Ambulance Officer	

Shift Leader
 Leading Drivers
 Ambulance Driver/Attendants
 Telephonists

Leading Drivers
 Ambulance Driver/Attendants
 Telephonists

Note: The posts of Divisional Ambulance Officer, Deputy County Ambulance Officer and County Ambulance Officer are held by Fire Officers.

Year 1969

Vehicles

15 Stretcher ambulances
 10 Clinic ambulances
 1 Car ambulance
 2 Major Disaster vehicles

Patients

Stretcher	34,704
Sitting	35,832
Hospital Car	
Service	5,284
	<hr/>
	75,820
	<hr/> <hr/>

Miles

Stretcher	
ambulances	318,187
Clinic ambulances	191,624
Hospital Car	
Service	122,582
	<hr/>
	632,393
	<hr/> <hr/>

In conclusion I am grateful to the County Medical Officer of Health, Dr. Nisbet, for his co-operation and help during the year and my personal gratitude to the secretaries, medical and nursing staffs of the Huntingdon and Peterborough Hospitals for their help in trying to co-ordinate the work of the Ambulance Service with their consultants' clinics and casualty work. "

HOME HELP SERVICE

(Section 29)

The Home Help Organiser reports as follows:-

" The Home Help Service is available to those in need of domestic help for such reasons as:- old age, infirmity, maternity, physical disability, mental strain, pre-operative and post-operative care and for home care for ill or handicapped children according to the need.

Help is given on the recommendation of a Doctor, Health Visitor, Midwife, District Nurse, Medical Social Worker, Mental Health Worker, Welfare Officer or Blind Worker. A direct application from a patient or unqualified person is carefully checked and help only given if there is a real need. The Organiser consults with the family doctor in all cases to assess requirements.

Prospective patients are visited before help is arranged. The question of charge is discussed and settled. Payment for the Service is made at the minimum cost of 10/- per week and the full cost of 6/3d per hour. Alternatively the householder can be assessed, an assessment form is completed and the patient is charged on an income, expenditure basis. If the head of the family is in employment, the assessment is based on the gross pay plus family allowances etc. If the patient is retired, then income from all sources is taken into account, capital assets being dealt with in the manner laid down by the Department of Health and Social Security.

The following scale of allowances is used when determining the charge:-

Effective from 3rd November 1969.

	<u>Per Week</u>		
	£.	s.	d.
Husband and wife	7.	17.	0.
Person living alone who is a householder	4.	16.	0.
<u>For dependents:-</u>			
Over 21 years	3.	17.	0.
Over 18 and under 21	3.	4.	0.
Over 16 and under 18	2.	16.	0.
Over 13 and under 16	2.	4.	0.
Over 11 and under 13	2.	1.	0.
Over 5 and under 11	1.	13.	0.
Under 5	1.	8.	0.

Effective from 3rd November 1969

		<u>Per Week</u>		
		£.	s.	d.
<u>Blind Persons</u>				
Husband and wife	(i) if one of them is blind	9.	2.	0.
	(ii) if both are blind	9.	18.	0.
	Over 21	6.	1.	0.
	Over 18 and under 21	4.	4.	0.
	Over 16 and under 18	3.	12.	0.
	Over 13 and under 16	2.	4.	0.
	Over 11 and under 13	2.	1.	0.
	Over 5 and under 11	1.	13.	0.
	Under 5	1.	8.	0.
Rent and Rates			Actual	
National Insurance Contribution			Actual	

The amount of help given is determined by the Organiser but this has to be based to a large extent on that which is available.

Maternity Cases have help for one, two or three weeks depending on the circumstances of the home or if the doctor recommends it.

Long Term Patients are largely in the retired pensioners group - these will probably receive help for the rest of their lives to enable them to remain in their own homes. Although the amount of help is kept to the minimum, care must be taken to ensure that the time allotted is sufficient for the Home Help to do a satisfactory job of work.

The total number of people receiving help as at 31st December 1969 was 433, made up as follows:-

Over 65's	326
Chronic Sick	32
Maternity	26
Mentally Ill	6
Others	43

At present there are 70 Home Helps employed in the County Service - there are areas where we could do with extra Helps but because there is plenty of regular outdoor work we have difficulty in recruiting suitable women on a part-time basis in these areas. All Home Helps are paid at the rate of 5/5³/₄d. per hour to date and have their travelling expenses reimbursed.

A Home Help is expected to carry out all household duties, cleaning, cooking, washing, ironing, shopping and caring for young children when necessary. The Home Help receives a weekly Time Sheet stating clearly the households she has to visit and the time to be spent in each one daily. A good Home Help sees that which is required of her and begins the task of organising the household chores; sometimes there are special instructions which have to be adhered to until the patient can be dealt with in the ordinary way.

When the Service is asked to undertake the cleaning of a very dirty, neglected home, it is usual for two Home Helps to do this work together under the direct supervision of the Organiser. Only in very exceptional circumstances is a Home Help sent into a house whilst the patient is absent, and then only with a letter of authority from the householder to the organiser. This is really necessary when a patient is returning from hospital and the household needs airing and cleaning in readiness.

A complaint from a householder or a Home Help is dealt with individually and so often results in the cause being one of a clash of personalities which can easily be righted by changing the Help if strictly necessary.

The age group of the Home Helps is varied and we have Home Helps aged 30 to 60. This is an advantage in every way - the older women have had long experience in raising a family and have a wider knowledge of working in homes where the patient still lives without modern aids and the younger women easily adapt themselves to maternity and homes with very young children.

The recruitment of suitable persons is best done by the method of personal recommendation rather than by News advertising - sometimes the village Post Office allows us to advertise by the displaying of a card on the counter - these methods are by far the best for the maintenance of the good service required. "

TABLE 22

	1969		1968	
	County Area	City	County Area	City
Number of cases where help provided:				
(i) Aged 65 or over on first visit in 1969	326	417	313	389
(ii) Aged under 65 on first visit in 1969:				
Chronic sick and tuberculosis	32	17	30	29
Mentally disordered	6	2	5	-
Maternity	26	23	43	32
Others	43	29	31	22
Total	433	488	422	472

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

Tuberculosis

There have been no alterations in the arrangements for the care and after-care of patients suffering from tuberculosis. The Consultant Chest Physicians, who are employed by the Local Health Authority on a part-time basis, carry out skin testing and B.C.G. vaccination of contacts. There are two Health Visitors who are responsible for the tracing of contacts and assist in the supervision of after-care.

TABLE 23

B. C. G. VACCINATION

	<i>County Area</i>	<i>City</i>	<i>Total</i>
<u>Contact Scheme</u>			
Number skin tested	169	102	271
Number found positive	57	29	86
Number found negative	112	73	185
Number vaccinated	80	50	130
<u>School Children and Students</u>			
Number skin tested	1,656	-	1,656
Number found positive	106	-	106
Number found negative	1,440	-	1,440
Number vaccinated	1,359	-	1,359

The Mass Radiography Unit of the East Anglian Regional Hospital Board carried out a Mass X-Ray Survey in Peterborough and district from the 27th May to the 31st July, 1969, and the Medical Director of the Unit has furnished me with the following information:-

" Among 8,993 persons examined in Peterborough during two months in the district, 10 new cases of significant tuberculosis were discovered. 24 new cases of tuberculosis in all were actually reported, but of these 14 were judged by the chest clinic to require no further action. A conservative estimate of the case-rate is therefore 1.1 per thousand.

In addition, 3 cases of lung cancer, 4 benign pulmonary new growths, 35 cardiac conditions and 6 congenital cardiac conditions, as well as 4 cases of sarcoidosis, were brought to light, together with a large number of other conditions of less clinical significance.

All these were not known to anyone else, and the examinations were among persons thought to be in good health. It is often forgotten when mass radiography results are belittled, that the units do not deal (except rarely and inadvertently) with sick persons or those already attending their doctors or hospitals, in which latter case they are excluded from the results. It is clear that mass radiography can reveal a significant amount of serious chest and other disease already established in individuals who are quite ignorant of the fact, and therefore do not, and will never go to their doctors.

The value of such findings does not lie in the belittling of the instrument by which they come to light, and certainly not by abolishing a service open to all, at an overall cost of 7/- per film, as compared with a cost of £2. 2s. 0d. per film at a hospital or chest clinic, but in finding out whether the earlier discovery at a silent stage of a particular disease can be turned to good account by improved methods of diagnosis and treatment, and by experimenting with regimes which can arrest a relentless onward march of damage in certain conditions. It could be of considerable value to be able to cause remissions until such time as a reliable therapeutic agent can be found which will offer reversal of the condition if it has been found sufficiently early. After all, this very process has occurred with tuberculosis - formerly a most dangerous disease to the individual as well as to the community.

Even though results with chronic degenerative diseases are unlikely in the short term to be as spectacular as those achieved in tuberculosis, the prevention or retardation of crippling effects of such diseases should prove well worth while in human as well as in financial terms. *

TABLE 24
SUMMARY OF ATTENDANCE AND FINDINGS
PETERBOROUGH AND DISTRICT, 27.3.69 - 31.7.69

<i>X-Raying Centre</i>	<i>Number Attended</i>			<i>New Significant Tuberculosis Found, Requiring Supervision or Treatment</i>			<i>Other Conditions Found</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Yaxley 27.5.69 - 28.5.69.	89	146	235	1	-	1	-	1	1
Stanground 29.5.69 - 2.6.69.	187	398	585	1	-	1	-	1	1
Westwood Estate 3.6.69 - 6.6.69	172	340	512	-	-	-	-	1	1
Fletton 9.6.69 - 11.6.69	338	421	759	-	-	-	5	4	9
Freeman's Ltd. 12.6.69 - 13.6.69	120	145	265	-	-	-	1	-	1
Dogsthorpe Estate 16.6.69 - 19.6.69.	206	374	580	-	-	-	3	1	4
Gunthorpe 20.6.69 - 24.6.69.	290	474	764	1	-	1	1	6	7
Technical College 25.6.69 - 26.6.69.	117	136	253	-	-	-	-	-	-
Trinity Hall 27.6.69 - 31.7.69.	2,828	2,212	5,040	4	3	7	12	19	31
Totals	4,347	4,646	8,993	7	3	10	22	33	55

Provision of Incontinence Pads

The demand for the free provision of incontinence pads, on the recommendation of a doctor or nurse, continues to increase. During 1969, 22,000 pads were issued compared with 13,500 in 1968.

Venereal Diseases

The following information which has been supplied by the Physicians in charge of Clinic Centres at Peterborough and Cambridge, shows the classification of cases attending the Clinics from within this County area during the year 1969. The total number treated was 326 compared with 293 for 1968.

Particulars of patients from the County of Huntingdon and Peterborough areas treated at the Venereal Diseases Treatment Centres during 1969 are given in the following table.

TABLE 25

	<i>Cambridge</i>		<i>Peterborough</i>		<i>Other Centres</i>
	<i>1969</i>	<i>1968</i>	<i>1969</i>	<i>1968</i>	<i>1969</i>
Number of persons dealt with for the first time and found to be suffering from:-					
Syphilis	1	2	8	9	•
Gonorrhoea	17	7	48	62	1
Other venereal conditions	64	52	171	161	16
Total	82	61	227	232	17

The following information has been supplied by the Senior Administrative Medical Officer of the East Anglian Regional Hospital Board:-

EXFOLIATIVE CYTOLOGY FOR CANCER OF THE CERVIX

1st July 1969 - 31st December 1969

Source	Peterborough District & Stamford & Rutland General Hospitals
Hospital gynaecological clinics	548
Hospital ante & post natal clinics	1,064
General Practitioners	1,075
Local Health Authorities	168
Family Planning Associations	244
Others	273
Totals	3,372
Number of Positive Cases Detected	27
Number of Cases confirmed by Biopsy during July 1969 - December 1969 on cases examined:-	
January	Invasive4
to	Carcinoma-in-situ2
June	Dysplasia-
1969	Totals6
July	Invasive7
to	Carcinoma-in-situ7
December	Dysplasia2
1969	Totals16

DAY CARE OF PRE-SCHOOL CHILDREN

On the amalgamation of the Soke of Peterborough and Huntingdonshire on the 1st April, 1965, no premises were registered under the Nurseries and Child-Minders Regulation Act, 1948, and only two persons as child-minders. During the remainder of that year two premises were registered to receive a maximum of 38 children and one daily minder to receive not more than 6 children.

During the following year a total of 9 premises were registered to accommodate 150 children, and 5 child-minders were permitted to receive a further 37 children.

1967 showed a decrease in applications for registration, only 4 Certificates in respect of premises being issued, permitting a total number of 73 children to be received. During the same period the number of child-minders registered was 4 to receive a maximum of 26 children. These premises and minders were all registered in the last quarter of the year.

More interest was shown in 1968 both in the opening of Nurseries, or Playgroups, and in persons wishing to become daily minders; 11 premises catering for 225 children and 9 persons permitted to receive a maximum of 57 children being registered. These applications were received throughout the year.

Section 60 of the Health Services and Public Health Act 1968, which made some amendments to the Nurseries and Child-Minders Regulation Act, 1948 came into force on the 1st November, 1968, and from that date the scope of the 1948 Act was extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day, and persons who in their own homes and for reward look after one or more children under the age of five to whom they are not related, for a similar period. There was a period of grace of three months from the date on which this Section was brought into operation before an offence against the amended provisions could arise.

The Minister of Health asked Local Health Authorities to take appropriate steps to publicise the provisions of the Act as amended, and gave guidance on methods of publicity. Authorities were asked to intensify publicity during the last two weeks of the three months period of grace, and appropriate notices were inserted in all the local papers.

As a result of this publicity and of the upsurge of interest shown in supervised Playgroups, 10 further premises permitted to receive 225 children, and 99 daily minders permitted to look after a maximum of 194 children, were registered during 1969. Of the total number of child-minders registered, 45 were permitted to look after one child only and a further 39 each to receive not more than two children. It would not have been necessary for any of these to have sought registration under the previous legislation.

The number of premises and child-minders on the Register, together with the maximum number of places provided, or children minded, at the end of each of the years from 1965 to 1969 are shown in the following table.

TABLE 26

<i>Registered at 31st December</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
<u>Nurseries</u>					
Number registered	2	10	12	21	29
Number of places	38	193	253	454	615
<u>Daily minders</u>					
Number registered	3	7	6	11	103
Number of children minded	18	37	32	70	239

To meet the ever increasing number of enquiries for information on the Regulations, Guidance Notes and Standards required for Nurseries, Playgroups and Child-Minders were drawn up, together with a declaration of health to be completed by all persons assisting in the supervision of Playgroups or seeking registration as child-minders.

On receipt of an application for registration in respect of either premises or persons, the County Medical Officer arranges for a Medical Officer in Department to visit and inspect the premises and to discuss the project with the applicant, who is advised of any safety precautions required. In the case of premises a visit is made by the Fire Prevention Officer. Registration is not effected until a satisfactory report has been received from the Medical Officer in Department, and the Fire Prevention Officer where appropriate.

Follow-up inspections of registered premises and persons are made by the Health Visitors and special visits are made by the Medical Officer in Department where necessary.

During the last four years it has become apparent that increasing numbers of parents have accepted that attendance at supervised Playgroups can be of great benefit to young children. Many more parents are now making enquiries to the Health Department for information about registered Playgroups or Child-Minders in their particular area, and some are seeking information on facilities available before moving into the County.

Attendance at a playgroup is of particular benefit to the only child, providing an opportunity of mixing with other children before formal school attendance, and is of even greater benefit to the child with impaired hearing or with a speech defect.

The Plowden Report urged an expansion of nursery school provision, whilst the Seebohm Committee considered that the expansion and co-ordination of day-care facilities should be one of the functions of their proposed social work department.

Every encouragement has been given to the formation of playgroups and the Technical Colleges and Evening Classes have been encouraged to run Courses for Playgroup Leaders, the staff in Playgroups and, in fact, for all child-minders.

In May 1969 the Secretary of State of the Department of Health and Social Security asked all Local Health Authorities to assess the unmet need for day care facilities for pre-school children in their area, and a survey in this County showed that 206 children were in need of full-day care and a further 192 children in need of part-day care, on health and welfare grounds, as shown in the following table.

TABLE 27

<i>Reason (main reason where there are more than one)</i>	<i>Full-day care</i>	<i>Part-day care</i>
	<i>Number of children</i>	<i>Number of children</i>
Unsupported mother who has to work	30	6
Mother incapable of looking after the child properly	32	12
To prevent the break-down of the mother or the break-up of the family	28	-
Home conditions a hazard to the child's health and welfare (e.g. gross overcrowding)	7	15
Child's health and welfare seriously affected by lack of opportunity for playing with others	31	50
Child handicapped		
(a) mentally	7	2
(b) physically	7	2
Other reasons	64	105
Total	206	192

In the case of children requiring part-day care, the number of places required in nursery groups, to meet the demand, was estimated to be 500.

The Nursery School, laudible as it is, only operates for limited hours, with many school holidays, and is not, therefore, a solution to this problem. Provision of Day Nurseries would meet the need of these social problems far better than the Nursery School, but until such time as it is possible to provide Day Nurseries to serve the whole County, use has to be made of the second best which is a well organised Playgroup, many of which, in this County are excellent.

TABLE 28

County Area (excluding City of Peterborough)

<u>Day Nurseries</u>	<u>Number at end of year</u>	<u>Number of approved places</u>	<u>Average daily attendance</u>	<u>Number of children on register at end of year</u>
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of National Health Service Act, 1946	-	-	-	-
<u>Daily Minders and Registered Nurseries</u>	<u>Nurseries and Child Minders Regulation Act, 1948</u>			
	<u>Premises registered at end of year</u>		<u>Daily minders registered at end of year</u>	
	<u>Factory</u>	<u>Other Nurseries</u>		
Number	-	29	103	
Number of children permitted	-	615	239	

City of Peterborough

<u>Day Nurseries</u>	<u>Number at end of year</u>	<u>Number of approved places</u>	<u>Average daily attendance</u>	<u>Number of children on register at end of year</u>
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of National Health Service Act, 1946	1	45 + 2 emergency	35	45
<u>Daily Minders and Registered Nurseries</u>	<u>Nurseries and Child Minders Regulation Act, 1948</u>			
	<u>Premises registered at end of year</u>		<u>Daily minders registered at end of year</u>	
	<u>Factory</u>	<u>Other Nurseries</u>		
Number	-	8	49	
Number of children permitted	-	278	196	

V - REGISTRATION OF NURSING HOMES

At the end of the year there was one nursing home with 25 beds registered with the County Council.

Regular supervisory visits are carried out by the medical and nursing officers.

TABLE 29

County Area (excluding City of Peterborough)

	<i>Number of Nursing Homes</i>	<i>Number of beds provided</i>		
		<i>Maternity</i>	<i>Other</i>	<i>Total</i>
Homes registered during year	-	-	-	-
Homes whose registrations were withdrawn during year	-	-	-	-
Homes on the register at end of year	1	-	25	25

VI - MENTAL HEALTH SERVICE

Mental Subnormality

1969 was a year of steady progress in the arrangements for the care of the mentally subnormal patient. The County of Huntingdon and Peterborough is particularly well provided with buildings for the subnormals in the community.

A list is given below of the buildings now in use, and the dates of opening:-

St. George's School, Peterborough	1958
St. Edward's School, Huntingdon	1963
St. Edward's Hostel, Huntingdon	1963
St. Peter's Work Centre, Eye	1968
St. Michael's Work Centre, Huntingdon	1968
St. Augustine's Adult Hostel, Huntingdon	1970

The future programme includes extensions at St. Edward's of two classrooms to accommodate 24 children, and also a separate Special Care Unit. St. Michael's Work Centre is to be extended to 80 places, and a Hostel for adult subnormals is to be built at Stanground.

Buildings also are of little value without staff, and a full programme of training is in force. During 1969 two trainees were completing their second year of training for the National Association for Mental Health Certificate, and a further two candidates commenced training in September 1969.

Mental Illness

As yet there are no buildings within the County for the mentally sick, but patients are sponsored for attendance at rehabilitation centres outside the County, and three patients attend the Day Centre at Fulbourn Hospital.

The national shortage of trained Mental Welfare Officers has affected this County, and the situation has been aggravated temporarily by the fact that two Mental Welfare Officers were on study leave, training for the Certificate in Social Work. This, however, will repay the present disadvantage when two fully trained Officers return to duty.

Both Psychiatric Hospitals are many miles outside the County boundary, and the Mental Welfare Officers inevitably spend much time in travelling, which curtails the time available for clinical work.

The following tables set out the number of patients dealt with by the Mental Welfare Officers and cases referred to the Local Health Authority during the year 1969 and the source of information.

TABLE 30

County Area

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Informal	37 (46)	68 (90)	105 (136)
Section 25	7 (8)	8 (5)	15 (13)
Section 26	5 (1)	3 (2)	8 (3)
Section 29	7 (14)	18 (27)	25 (41)
Section 60	- (2)	- (-)	- (2)

The figures in brackets relate to the 1968 Totals.

The following information has been supplied by Rauceby Hospital:-

<i>Admissions 1969</i>				
	<i>Informal</i>	<i>Observation</i>	<i>Treatment</i>	<i>Total</i>
Peterborough	184 (186)	102 (71)	7 (4)	293 (261)

The figures in brackets relate to 1968.

<i>Out-Patients for 1969</i>				
<i>Clinic</i>	<i>Old</i>	<i>New</i>	<i>Total</i>	<i>Actual Clinic Sessions</i>
Peterborough	1,594	476 (74 on ward)	2,070	212

County Area (excluding City of Peterborough)

TABLE 31

<i>Referred by</i>	<i>Mentally ill</i>	<i>Subnormal & Severely Subnormal</i>	<i>Total</i>
General Practitioners	80	-	80
Hospitals, on discharge from in-patient treatment	50	1	51
Hospitals, after or during out-patient or day treatment	38	4	42
Local education authorities	1	10	11
Police and Courts	4	-	4
Other sources	42	8	50

City of Peterborough

<i>Referred by</i>	<i>Mentally ill</i>	<i>Subnormal & Severely Subnormal</i>	<i>Total</i>
General Practitioners	81	-	81
Hospitals, on discharge from in-patient treatment	57	-	57
Hospitals, after or during out-patient or day treatment	47	-	47
Local education authorities	-	15	15
Police and Courts	21	1	22
Other sources	15	-	15

The following tables show the number of subnormal and severely subnormal patients on the waiting list for admission to hospital, temporary admissions for residential care and the number of cases under Guardianship.

County Area (excluding City of Peterborough)

TABLE 32

	<i>Subnormal</i>	<i>Severely Subnormal</i>	<i>Total</i>
Number of patients on waiting list for admission to hospital at 31.12.69			
(a) In urgent need of hospital care	-	7	7
(b) Not in urgent need of hospital care	1	7	8
Number of admissions for temporary residential care during 1969 (e.g. to relieve the family):			
(a) To N.H.S. hospitals	3	12	15
(b) To L.A. residential accommodation	2	4	6
(c) Elsewhere	-	-	-
Number under Guardianship at 31.12.69	-	2	2

City of Peterborough

	<i>Subnormal</i>	<i>Severely Subnormal</i>	<i>Total</i>
Number of patients on waiting list for admission to hospital at 31.12.69			
(a) In urgent need of hospital care	-	2	2
(b) Not in urgent need of hospital care	-	-	-
Number of admissions for temporary residential care during 1969 (e.g. to relieve the family):			
(a) To N.H.S. hospitals	-	7	7
(b) To L.A. residential accommodation	-	-	-
(c) Elsewhere	-	-	-
Number under Guardianship at 31.12.69	-	-	-

VII - NATIONAL ASSISTANCE ACT, 1948

Incidence of Blindness

There were 187 registered blind persons (84 male and 103 female) in the County on the 31st December, 1969, compared with 196 at the end of the previous year. During 1969 the number of cases certified blind on Form B.D.8 was 23 (9 male and 14 female). There were 5 inward transfers to the County during the twelve months, and one male re-certified blind.

The number of deaths of blind persons recorded during the year was 32 (17 male and 15 female), whilst 3 male and 3 female blind persons left the County.

The following table shows the ages of blind persons on the register at the 31st December, 1969. (Numbers on register at 31st December, 1968, are shown in brackets).

TABLE 33

0 -	1 -	2 -	3 -	4 -	5 - 10	11 - 15	16 - 20
- (-)	- (1)	1 (-)	- (-)	- (-)	1 (1)	- (-)	2 (5)
21 - 29	30 - 39	40 - 49	50 - 59	60 - 64	65 - 69	70 & over	Total
8 (7)	6 (5)	12 (11)	11 (12)	12 (10)	9 (16)	125 (128)	187 (196)

The number of cases in the County certified to be partially sighted during the year was 10. The number of partially sighted persons on the register at the end of the year was 53 (28 males and 25 females) compared with 48 (24 males and 24 females) at the end of 1968.

During the year 3 partially sighted persons were inward transfers to the County. Persons were removed from the register as follows:- 3 deaths, 2 transfers out, 2 certified blind, and 1 decertified.

The age distribution of the partially sighted persons is shown in the following table.

TABLE 34

0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 & over	Total
- (-)	- (-)	7 (5)	6 (5)	8 (10)	3 (7)	29 (21)	53 (48)

In addition to those already registered as blind or partially sighted, in some 21 cases contact was being maintained in case they should subsequently become eligible for certification under the Act.

The following table shows the follow-up of registered blind and partially sighted persons.

TABLE 35

(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends: (a) No Treatment (b) Treatment (medical, surgical or optical)	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
	1	1	1	-	-	-	10	3
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	1	3	1	-	-	8	4
	-	-	1	1	-	-	1	2

Employment of Blind Persons

- (1) Homeworkers:
- 1 Musician
 - 1 Chair seat repairer
 - 1 Piano Tuner
 - 1 Pig Breeder
 - 1 Cane worker
- (2) Workshop Employees: 2 Basket makers at Norwich Institution for the Blind
- (3) Other Employment:
- 1 Physiotherapist
 - 1 Company Director
 - 1 Shorthand/Typist
 - 1 Toymaker
 - 1 Storeman
 - 3 Labourers
 - 2 Farmworkers
 - 1 Packer

At the end of the year 18 blind persons were usefully employed.

TABLE 36

INFECTIOUS DISEASES NOTIFIED IN COUNTY
for the year ended 31st December, 1969.

District	Measles (excluding Rubella)	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute Polio-myelitis		Leptospirosis	Paratyphoid Fever	Typhoid Fever	Food poisoning	Whooping Cough	Tetanus	Infective jaundice	Tuberculosis			Smallpox	Ophthalmia neonatorum	Total	
						Paralytic	Non-paralytic								Infective	Post-infectious	Respiratory				Meninges & C.N.S.	Other
URBAN Huntingdon and Godmanchester Old Fletton Peterborough Ramsey St. Ives St. Neots	64	3	7	-	1	-	-	-	-	-	-	-	-	57	3	-	2	-	-	-	137
	84	3	2	-	2	-	-	-	-	1	2	-	-	2	3	-	2	-	-	-	101
	406	13	-	-	6	-	-	-	-	2	45	8	-	16	14	-	3	-	-	-	513
	66	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	68
	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	8
	14	-	2	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	19
RURAL Barnack Huntingdon Norman Cross Peterborough St. Ives St. Neots Thorney	133	1	5	-	1	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	143
	28	8	3	-	-	-	-	-	-	-	-	25	-	7	1	-	-	-	-	1	73
	23	-	-	-	6	-	-	-	-	-	17	4	-	-	2	-	-	-	-	-	52
	51	-	20	-	-	-	-	-	-	-	-	8	-	-	-	-	-	-	-	-	79
	17	-	1	-	-	-	-	-	-	-	-	-	-	3	1	-	-	-	-	-	22
	19	51	-	-	-	-	-	-	-	-	1	9	-	2	-	-	-	-	-	-	83
10	-	2	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	16	
Total	915	79	49	-	16	-	-	-	-	3	66	60	-	91	26	-	8	-	-	1	1,314

STATEMENTS OF MEDICAL HISTORY AND STAFF EXAMINATIONS

During the year ended 31st December, 1969. 347 individual cases were dealt with as follows:-

Submission of a Statement of Medical History

Requiring medical examination only in view of history	29
Requiring chest X-ray examination only in view of history	1
Requiring medical examination and chest X-ray in view of history	3
Requiring medical examination on account of age (45 years and over)	53
Requiring medical examination in view of nature of employment	1
Requiring chest X-ray examination in view of nature of employment	4
Enquiries to specialists or applicants general practitioners	6
No medical or chest X-ray examination required and person's standard of health considered to be satisfactory	229

Medical examination required in view of nature of employment

Fire Service	5
Ambulance Service	7

Medical examination - retirement on grounds of ill-health	6
---	---

Application for appointment with another Local Authority - medical examination	3
--	---

In 12 cases the candidate's standard of health, following medical examination, was certified to be unsatisfactory for employment in the Council's Service, and in a further 6 cases the standard of health was such that a recommendation was made that the candidate should be employed on a temporary basis and the condition reviewed.

VIII - THE COMPOSITION AND QUALITY OF FOOD AND DRUGS

I am indebted to the Chief Consumer Protection Officer for the following report, which gives details of the work carried out by his Department under the Food and Drugs Act, 1955, and its ancillary legislation for the year ended 31st December 1969.

" The County Council as the Food and Drugs Authority for the County, carry out the provisions of the Food and Drugs Act, 1955 and various orders and regulations associated therewith which deal with the composition and description, quality and labelling of food and drugs. These duties are carried out by the Consumer Protection Department in conjunction with the Health Department.

The following is a brief summary of the work carried out during the year ended 31st December, 1969.

1. Milk Sampling for Composition and Quality.

362 samples of milk were analysed and of these 4 were found to be unsatisfactory.

A bottle of milk brought to the Office by a complainant was found to be heavily contaminated with fungus. A prosecution would almost certainly have been taken in this case had not the following factors been taken into consideration.

The fungus was inert, having been present in the bottle before it went through the washing and sterilising plant at the dairy.

There was no evidence of any kind to suggest carelessness or lack of supervision at the dairy.

The Dairy have indicated that expensive new scanning equipment will be installed during alterations planned in the next few months.

Accordingly a written caution was issued to the dairy.

The remaining 3 unsatisfactory samples were all bottles of milk which were found by the Public Analyst to contain " Microscopic amounts of extraneous matter."

2. Milk Sampling for Bacteriological and Biological Testing.

302 samples were taken during the year and of these 6 were found to be unsatisfactory.

2 samples of pasteurised milk taken on the same day and produced by the same dairy, failed the "Phosphatase test". Enquiries traced the cause to a mistake during routine cleaning operations at the dairy.

The remaining 4 samples were taken on different occasions and in each case were bottles of pasteurised milk which failed the test for keeping quality. No reason for these failures could be found and since frequent repeat samples have proved satisfactory they must be treated as isolated incidents.

3. Antibiotics in Milk.

43 samples were taken to detect the presence of Antibiotics and all were found to be satisfactory and free from contamination.

4. Other Foods sampled for Composition and Quality.

During the year under review a total of 165 samples were taken from all parts of the County; of these 32 were found incorrect.

Complaints from the general public accounted for 29 of the incorrect samples.

The public quite rightly bring to the office articles of food which are found to be faulty. They do not bring the millions of articles consumed in the County which are found to be satisfactory. The above reports of wrong samples are thus misleading for one does not hear about the overwhelming mass of satisfactory articles.

The following details of some of the 32 unsatisfactory samples indicates that the adulteration of food is nowadays very rare. The troubles today are "foreign bodies", faulty cans and careless storage.

Having regard to the vast quantities of food produced and consumed in the County the nature substance and quality continues to be satisfactory.

Bread.

9 complaints were received concerning bread.

6 loaves of bread were found to be contaminated with mould. 1 loaf contained a piece of string from a flour sack label, 1 loaf was found to contain a small insect and 2 loaves contained traces of iron rust and grease from the machinery at the bakery. All these incidents were dealt with by way of a caution.

The remaining 3 loaves of bread were all brought to the Office by the same complainant. Analysis by the Public Analyst found them to contain "Sandy Matter". Proceedings were instituted against the bakers and fines totalling £60 were imposed.

Eccles Cake.

An Eccles Cake was found to contain a piece of brass identified by the manufacturers as part of the pastry cutting machine. It is difficult to avoid mechanical failures of this nature which occur despite careful routine maintenance and inspection of machinery. The manufacturers have modified the faulty machine to prevent a reoccurrence of the trouble and have suitably recompensed the complainant.

American Hard Gums.

Whilst eating a bag of American hard gums a child found a hard object in his mouth. Upon examination it was found to be a plaster dummy used in the moulding process of these gums at the factory. As it was a whole unit it managed to pass the checking system where mishapen gums indicate that part of the plaster dummy has broken away.

The complainant wished no further action to be taken and was suitably compensated by the manufacturers. Accordingly a caution was issued.

Tinned Spinach.

A complaint was received concerning a tin of spinach which was found to be heavily contaminated with mould. Upon examination by the Public Analyst it was found that air had entered the tin through damaged sustained during unpacking at the shop. The complainant wished no further action to be taken and the retailer was cautioned.

Yoghurt

A carton of yoghurt was brought to the Office in a state of fermentation. The retailer and the producer were immediately contacted and it was found that they were already aware of the trouble and had withdrawn all stocks from sale. The sample in question, however, had been sold before the trouble had come to light. In the circumstances the matter was dealt with by way of a caution.

Minced Meat.

A sample of minced meat taken at a school canteen was found to have a fat content slightly above the contract specification. This was taken up with the suppliers.

Australian Cheddar Cheese.

A consignment of Australian Cheddar Cheese delivered to a school canteen was found to have a bitter taste and to be contaminated with a slimy mould.

Analysis by the Public Analyst and the Public Health Laboratory showed the cheese to have a very high acidity and to be in poor condition.

On being informed of these results the suppliers replaced the cheese.

Other complaints received which were dealt with by way of a caution include:-

Tinned Peas and Chicken and Ham Pie which contained small stones. A pork pie which contained a small insect, chocolates which contained insect eggs probably associated with the Cocoa Moth and Fish Fingers which contained a small piece of polythene.

Examples of other complaints which although made in good faith were found to be satisfactory are: a jar of dairy cream thought to be "off" which was found to be in good condition. Baked Beans with a piece of glass, alleged to have been present in the tin which was found to have come from a chipped tea caddy in the complainant's own home.

General

In conclusion I would like to thank the Clerk of the County Council and his staff

for their assistance and guidance in legal matters, the County Medical Officer of Health and his staff, the County's Public Analyst, Dr. S. Greenburgh and the Deputy Public Analyst Mr. J.D. Curzon. "

J.M. Warren,

Chief Inspector.

PART II - ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER

I - MEDICAL INSPECTIONS

The number of pupils on the school registers at the end of the year was 22,945 compared with 21,798 in the previous year, an increase of 1,147. This is less than last year when the comparative figure was 1,570.

Dr. Barbara Wilberforce was appointed as Assistant County Medical Officer/School Medical Officer in June 1969. This was a welcome relief to the medical staff as the post had been vacant since July 1967.

The number of periodic medical inspections carried out increased from 4,181 in 1968 to 7,492 in 1969 with a corresponding increase in the percentage of pupils inspected which figure increased from 19.2% to 32.7% in 1969. It was also found possible to allocate more time to routine medical inspections, as Medical Officers no longer undertook routine immunisation booster sessions at schools, the policy being for General Practitioners to immunise their own patients.

Conditions under which medical inspections take place improved as new schools were built, but the facilities are still far from ideal. In the larger Secondary Schools there are rarely adequate facilities available and it is becoming more frustrating for Medical Officers to be continually working under improvised conditions. A solution has been to use the Child Health Centres where they are reasonably convenient to the school. In Secondary Schools the large numbers of children who are due to be seen has resulted in the inspections continuing over a long time. An innovation has been for two medical officers to undertake medical inspections concurrently and this method has worked well where suitable accommodation is available.

TABLE 1

<i>Type of School</i>	<i>Number of Schools</i>	<i>Number of Pupils on Registers as at January 1969</i>
Secondary Grammar	3	1,576
Secondary Comprehensive	1	1,328
Secondary Modern	7	4,983
Primary	78	14,856
Nursery	1	94
School for Educationally Subnormal Girls	1	108
Totals	91	22,945

General Health and Nutrition

The physique of the school population is very good and only two pupils of the 7,492 inspected were classified as unsatisfactory. Each year the problems of the obese child become more acute and it is likely to become even more serious; it is only too common to see a lean fit active child and the mother complaining that he or she is too thin and no amount of re-assurance will persuade the mother that the child is in excellent condition. During the year one aspect of the children's physical condition is the number of tall, well developed five year olds that are seen at medical inspection; many would pass for eight year olds and there is a tendency to expect that their mental and behaviour development should keep pace with the physical development.

School Nursing Service

The School Nursing Service which is now almost entirely staffed by State Registered Nurses rather than Health Visitors, continues to run efficiently although the hygiene inspections still take up a considerable amount of time. The School Nurse plays an important role in dealing with social problems, e.g. the child who continually fails to attend for hospital appointments, the enuretic child, the dirty or infested child, and such children are very often symptomatic of a family with multiple social difficulties. These families often come to light when the School Nurse visits the home to assist with some particular problem. Quite a number of these families are new to the County having come from other areas and are therefore not known to the Health Department. During the last few years the County has had some excellent School Nurses many of them married with family commitments and this has meant a number of changes. Some of the School Nurses would make ideal Health Visitors with additional training, but the likelihood of them being able to give continued service to this or any other Authority is small and only the odd one is suitable for sponsoring for the full Health Visitors training because of their personal commitments.

TABLE 2

Hygiene Inspections

Total Inspections	41,039
Number of individual pupils found to be infested	199
Number of notices issued under Section 54(2) of the Education Act 1944	91
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	Nil

Findings at Periodic Medical Inspections

During the course of periodic medical inspections 801 individual pupils were noted as requiring treatment or were in the course of having treatment; this figure is equivalent to 10.7% of the pupils inspected. Analysis of the figures reveals that 452 pupils (6%) had defective vision and 468 pupils (6.2%) had some other defect. These findings are very similar to those for 1968. Re-inspections numbered 972 and 129 pupils were seen as special inspections. Re-inspections are probably the most rewarding part of the School Medical Officers work at periodic medical inspections as it is interesting to watch the effect on the child's educational progress of the various defects discovered.

II - MEDICAL TREATMENT OF DEFECTS

Ophthalmology

I am indebted to the County Ophthalmologist, Dr. Wilson Taylor, for the following report:-

" The year's work followed the pattern of previous years. The total number of attendances was 1,010 and new cases seen were 181. Both these figures were an increase on 1968. Spectacles were provided for 401 children.

The number of sessions held at Huntingdon, Stanground and Ramsey totalled 66.

I have to thank the clerical and nursing staff for their efficient co-operation throughout the year. "

	<i>Huntingdon</i>	<i>Stanground</i>	<i>Ramsey</i>
During 1969 the number of Sessions were:	44	16	6
The number of patients seen were:-			
New Cases	130	38	13
Old Cases	530	226	73
Attendances	660	264	86
Cases for which spectacles provided:	254	113	34

Orthopaedic

I am indebted to Miss S. Sherwood, the Orthopaedic Physiotherapist, for the following report:-

" During 1969 children requiring orthopaedic treatment were referred to see the Consultant Orthopaedic Surgeons employed by the Regional Hospital Board, who attended at the Child Health Centre in Huntingdon twice a month. In addition some children were referred by the General Practitioner to the Hospital Service. In the southern half of the County children who needed orthopaedic after care or physiotherapy were seen at the nearest clinic, Huntingdon, St. Ives, Stanground, Ramsey or St. Neots or where more suitable at school. Experience from previous years has shown that it is much better to give a child treatment in school, where possible, for although the facilities are not always as good as in the clinics, it does give an opportunity to discover the problems of daily living encountered by the handicapped child and where treatment is an integral part of school life, assistance can be given to cope with these difficulties.

Discussion with the Headmasters and teachers often brings to light problems which are not always immediately obvious such as the child with cerebral palsy who had great difficulty in eating meals at school and on investigation it was found that her chair was so high that she was unable to put her feet on the floor, which aggravated the condition. The placing of the child at a lower table, with both feet on the floor greatly improved matters.

In view of this experience more emphasis was given to treatment in schools and accordingly the number of treatments given in school rose from 402 in 1968 to 619 in 1969 with a corresponding drop in the number of clinics held as shown in Table 5(A) and 5(B).

Two children were given hydrotherapy, with very rewarding results, in the heated learner pool at Hartford County Junior School, during the summer months, as there is no hydrotherapy pool in the County. I should like to thank Mr. R.C. Barnes, the Headmaster, for his continued help and co-operation. "

TABLE 3
Analysis of Conditions

	<i>Huntingdon</i>	<i>Peterborough</i>
Postural Deformities	3	1
Pes Planus	7	2
Valgoid Ankles	37	-
Genu Varum	3	2
Genu Valgum	61	2
Toe Deformities	22	-
Miscellaneous	21	-
Pes Cavus	2	-
	—	—
	156	7
	—	—

TABLE 4
Attendances at Surgeon's Clinics

	<i>Huntingdon</i>	<i>Peterborough</i>
Number of clinics held	12	1
Number of new cases seen	40	-
Number of attendances of school children	173	7

TABLE 5A
Attendances at Physiotherapist's Clinic

	<i>Huntingdon</i>	<i>Stanground</i>	<i>Ramsey</i>	<i>St. Ives</i>	<i>St. Neots</i>
Number of clinics held	7	15	7	10	1
Number of attendances of school children	24	48	26	41	1

TABLE 5B
Attendances of Physiotherapist at Schools

Number of visits made to schools	239
Number of treatments given at the school	619

SPEECH THERAPY

I am indebted to the Speech Therapists, Mrs. B.M. Brooks, Mrs. G. Emery, Mrs. E.A. Golding and Mrs. M.J. Lincoln, for compiling the following report:-

" During this year, the department has expanded with the part-time appointments of Mrs. G. Emery in the north of the County, and of Mrs. E. Golding in the St. Ives and Huntingdon areas. Unfortunately Mrs. Brooks was obliged to temporarily give up her work in the St. Neots area, but she hopes to return next year.

By the end of the year, there were speech therapy sessions held in the following places:-

Huntingdon Area

Child Health Centre
Springfields Centre
Nursery School
St. Edwards School
Hartford County Junior and Infants
Huntingdon County Junior and Infants
Thongsley County Junior and Infants
Sapley Park Junior and Infants
Oxmoor St. John
Brampton
Godmanchester Clinic

St. Ives Area

Child Health Centre
Bluntisham
Somersham
Holywell
Wyton

Ramsey Area

Child Health Centre
Ramsey County Infants
Ramsey St. Mary's
Holme
Sawtry

St. Neots Area

Child Health Centre
St. Mary's C. of E. School
St. Neots County Junior
Eynesbury
Eaton Socon

Kimbolton Area

Buckden C. of E. School
Great Paxton
Great Staughton
Kimbolton

Northern Area

Wittering County Infants and Juniors
Orton Hall School

During this time, a total number of 191 school children were seen. In addition to this we saw 6 pre-school children, either at their homes or in clinics. Most children were seen on a weekly basis, and home visits were made whenever possible.

From the analysis of schools and clinics visited, it can be seen that almost the whole County is covered, and that we have been able to extend the speech therapy service to include two sessions at Springfields, and initiate speech therapy at Orton Hall (two sessions) and St. Edwards (one session).

We look forward to the addition, in January, of Miss S. Cullingford to the speech therapy staff, and we hope that we will be able to further extend the service during 1970.

In particular we should like to thank the Unit for the Hearing Impaired and all the members of staff in the schools we visit for their help and co-operation. "

All children seen by the speech therapists during 1969

	<i>Treatment</i>	<i>Observation</i>
Dyslalia	89	17
Retarded speech and language development	43	13
Retarded language development	4	3
Stammer	11	2
Cerebral Palsy	2	-
Cleft Palate	4	-
Hearing Impaired	6	-
Dysphonia	3	-
Totals	<u>162</u>	<u>35</u>

Psychological Defects

I am indebted to Dr. Whitehead for his report on the Child Psychiatric Service in the northern part of the County and also to Dr. Gage for his report on the service in the south of the County.

REPORT FROM DR. A. GAGE, CONSULTANT CHILD PSYCHIATRIST, ON THE CHILD PSYCHIATRIC SERVICE IN THE SOUTHERN PART OF THE COUNTY FOR 1969

"For the past year staff from the Child Psychiatric Service in Cambridge have continued to serve the needs of children with emotional disturbances and behaviour disorders from the southern part of the County of Huntingdon and Peterborough. Families have been seen at the two sessions held weekly at the Huntingdon County Hospital or at the Clinics in Cambridge which are in operation during every working week-day. For various reasons the Child Psychiatric Service has never had its full complement of psychiatrists, psychologists and social workers in post at any time in the past year and this has led to a regrettable delay in examining non-urgent cases.

Children are referred by general practitioners, other consultants who treat children, school medical officers, the children's officers, and the Magistrates of the Juvenile Court. They are referred for investigation and treatment of a wide range of emotional disturbances, behaviour disorders (including delinquency), psychosomatic illness, learning problems and psychoses. The greater part of the work is done on an out-patient basis as there are no designated beds for the in-patient treatment of adolescents in this area and the children's wards of general hospitals are often inappropriate for dealing with emotionally disturbed children.

When a child is referred to the Child Psychiatric Service investigation usually reveals that the relationship between all members of the family require consideration and it is not unusual for intensive therapy to be carried out with parents, grandparents and other relatives while the child is attending for treatment which may involve psychotherapy, play therapy, prescription of drugs, remedial help with specific learning problems, etc. A close liaison exists between clinic staff and all local authority officials concerned in the handling of children so that when changes need to be effected in the child's environment these can be facilitated by the personal contacts that we have encouraged. Several children from Huntingdonshire have been admitted to the Hawthorns, a hostel in Cambridge for the treatment of emotionally disturbed children and the child psychiatrists accept full clinical responsibility for the psychiatric treatment of children resident there.

The number of children referred to our clinics continues to increase and, in spite of depleted staff, we have managed to see a few more patients than last year. The waiting list, however, grows longer and at the end of 1969 twenty three children were waiting for their first appointment. "

REPORT FROM DR. B.F. WHITEHEAD
CONSULTANT CHILD PSYCHIATRIST, ON THE CHILD PSYCHIATRIC SERVICE
IN THE NORTHERN PART OF THE COUNTY FOR 1969

" Whilst there are still a number of children whose illness is of a long standing duration before referral - there is an increased tendency to recognise and refer before the symptoms have become more florid and long standing. This is particularly true of the child who is the potential school phobic. Here early referral of the child who is showing signs of anxiety over leaving home to go to school, has prevented long absences and intractable symptoms. Also the recognition of the anxious child in the junior school and referral at this stage has prevented breakdown when the time has come to enter the large secondary school which can quite commonly become the final precipitating factor.

Although there is now a waiting list for patients referred, such school phobic patients are always treated as a matter of urgency.

During the year, Miss V.E. Labrum, M.A., D.C.P., A.B.Ps.S. has been appointed to the post of Senior Clinical Psychologist. This will provide a fuller service. She is particularly experienced in the testing of the pre-school child and it is hoped that this will lead to earlier diagnosis and treatment. She will of course work in close liaison with the Educational Psychologist and through them and the School Medical Officers will maintain a contact with the schools. Her duties also include projective testing and providing individual treatment and advice for those children who have individual learning difficulties.

May I once again thank my medical colleagues, in particular the paediatricians, the school health officers and general practitioners, for their continued co-operation and support.

It is important to realise that there are many factors influencing a child's mental health, in particular his physical health, his families stresses and his school adjustment. "

TABLE 6

CHILD PSYCHIATRIC SERVICE

Cases from the County of Huntingdon and Peterborough 1969

Cases seen by Consultant Child Psychiatrists from Chesterton					Cases seen by Consultant Child Psychiatrist at Peterborough District Hospital		Grand Total
New Cases Seen	Huntingdon	Brookside	Addenbrookes	Total	Peterborough		
Number of new cases	40	12	7	59	46	105	
Number taken on for treatment	20	6	4	30	33	63	
Number placed under observation	18	3	3	24	1	25	
Consultation	2	3	-	5	12	17	
Source of Cases							
School Medical Officer	15	2	1	18	4	22	
General Practitioners	13	3	4	20	31	51	
Consultants	2	1	-	3	5	8	
Magistrates	3	2	2	7	1	8	
Others	4	3	-	7	4	11	
Children's Officers	3	1	-	4	1	5	
Cases under treatment brought forward from 1968	50	9	4	63	32	95	

Number of cases on the waiting list as at 31st December 1969: Huntingdon - 23

School Psychological Service

I am grateful to Miss E. Clayton, the County Educational Psychologist, for the following report:-

"This Service which is a section of the Education Department is based at Springfields, Cromwell Walk, Huntingdon. The two Educational Psychologists serve both the County area and the City of Peterborough; a third psychologist's post has been established and an appointment should be made before June 1970.

The routine work of seeing children and their parents has continued and the psychologists have seen during this year 443 children suffering from developmental difficulties of various kinds. All of this work has been carried out in collaboration with other professional workers and inter-disciplinary recommendations have been made after prolonged periods of observation of the child and full discussions have been held with the parents.

Making these decisions about a child's future is a heavy responsibility for everyone concerned, most of all for the child's parents. With very young children it is almost impossible to predict how he or she will develop. Consequently it is extremely important that the child has the opportunity to grow in the best environment we can provide. Government policy will not allow, at the moment, more nursery schools to be built; many young handicapped children would flourish in a nursery school, especially where the quality and the number of the staff are high. However, the County Council has been able to provide nursery education especially for handicapped children at Springfields in Huntingdon; this establishment was opened in September 1968 and takes 40 children from the surrounding area between 3 and 9 years who suffer from various physical and mental handicaps. Its explicit purpose is to provide "assessment through education"; some children have overcome their handicap sufficiently to enter ordinary school, others have gone on to special schools but have gone better prepared to profit from such schooling than if they had remained at home in their early years and then joined an over-crowded infants school.

Another branch of the Service which has been growing during this year is the work of the five remedial teachers carried out in the infant and junior schools and in children's homes. This work has many dimensions which range from straight forward teaching of retarded children through discussion and collaboration with parents and teachers to leading seminars among teachers on specific educational topics. Between them these teachers were concerned with over 100 children during the year.

The psychologists' advisory work to the Committee has continued to be largely concerned with the planning of special educational provision for Greater Peterborough. We have also taken part in several courses for teachers and accepted a number of invitations to speak to various organisations. In addition the senior psychologist, as in previous years, has supervised the practical work of a post-graduate student psychologist from University College, London."

Hearing Defects

I am indebted to Mr. C.P. Jones the Adviser on the Education of the Hearing Impaired Child, for the following report:

"A report on the Peripatetic Service was published this year by the Department of Education and Science and it was thought that the Authority came out very well. Many of the reports and recommendations had already been implimented for example 'that after 11 years of age remedial teachers can be invaluable to hearing impaired children', strong links have been forged with Longsands Comprehensive School's Remedial Department.

Parents evenings have proved to be very worthwhile with informal meetings at parents houses limited to a particular age group and degree of impairment.

The Authority now have one of the largest National Deaf Children's Society's in the Country and the meetings have been very well supported.

Organisation of the southern part of the County is still difficult because of the scattered population but Miss S. Dowe was appointed last year as a peripatetic teacher and the situation has improved greatly.

There were, last year, over 500 home visits made as well as 400 visits to schools.

The Authority this year entered, for the first time, a candidate for the Grammar School for Deaf Children and we have now heard that this little boy has been successful."

The following table gives details of Sweep Testing of Hearing undertaken by the full time School Clinic Nurses. Any child who is thought to be deaf is given an audiometric test as a routine procedure.

TABLE 7

Sweep Testing

Number of schools	Number tested	Number failed to pass	% failure
28	1,463	109	7.5%

TABLE 8
School Clinics

<i>Name and Address of Clinic</i>	<i>Type of Treatment Provided</i>	<i>Frequency of Session</i>
HUNTINGDON Nursery Road, Huntingdon.	Ophthalmic Dental	Two per month Seven per week
STANGROUND Whittlesey Road, Stanground	Ophthalmic Dental	Monthly Two per week
RAMSEY Westfield, Ramsey	Ophthalmic	As required
ST. IVES Ramsey Road, St. Ives	Dental	One per week
ST. NEOTS Almond Road, St. Neots	Dental	Six per week

III - HANDICAPPED PUPILS

There are ten categories of handicapped pupils defined by the Department of Education and Science. Not all handicapped pupils fall into one specific category; some children have multiple handicaps and are placed in the category according to their major handicap. The choice of an appropriate school for such handicapped pupils is much less simple. There is, however, now a much wider choice of Special Schools which provide a variety of types of education, both social and academic, and it is nearly always possible to find an appropriate school for the child with more than one handicap.

A number of Educationally Subnormal pupils often have other difficulties, such as speech defects, impairment of hearing and epilepsy, as well as physical handicaps, but the large majority are able to attend the special schools for educationally subnormal pupils at Orton Hall for the girls and Orchard Street School in the City of Peterborough, which provides for the boys.

A recent trend is for some special schools to admit pupils for a period of assessment in order to decide whether they will be suitable for admission on a permanent basis. The Spastic Society have, of course, been following this policy for a number of years in respect of their own schools.

During all or part of 1969, 222 pupils were accommodated in 70 different special schools, and this gives some idea of the wide variety of residential special schools that are used by the County and by the City of Peterborough. 106 pupils were at Orton Hall and Orchard Street School for Educationally Subnormal pupils, the remainder being at schools outside the County. The number of parents who refuse permission for their children to attend special schools is diminishing, but there are still some who are unable to accept the fact that their child will not be able to attend the normal school. Other parents are over protective and anxious, and refuse to allow their children to be admitted to special schools. This particularly applies where the appropriate school for the child is a long journey from their home. Unless there is some exceptional reason, attendance at residential special schools is not enforced and the alternative is to provide home tuition, but in this event the child is deprived of the company of other children. There are a few cases when the prognosis is poor, that on humanitarian grounds home tuition is found to be the best solution that can be offered in the interests of the child and the parent.

Blind and Partially Sighted

Ten pupils were classified as blind and partially sighted, three, including a child from the City of Peterborough, being in special residential schools, and the remainder receiving home tuition or special education in ordinary schools.

Deaf and Partially Hearing

At the end of 1969 ten pupils (including two children from the City) were in special schools, an increase of two compared with 1968. Thirty-two children were classified as "partially hearing" and were receiving special education in some other form. This was an increase of six compared with the previous year.

Delicate

At the end of the year seventy-nine pupils were classified as delicate, six were attending special schools and one was recommended for admission to a special school, the remainder either receiving home tuition or some other form of special educational training. Very few of these delicate pupils are of poor physique and nutrition but are suffering from a specific illness, the two major ones being asthma and diabetes.

Educationally Subnormal Pupils

As in previous years the greatest proportion of handicapped pupils come into this category and at the end of the year 183 pupils from the County area were classified as educationally subnormal. The comparable figure for 1968 was 160, being an increase of 23. This is a somewhat greater increase compared with the increase in school population. 67% of these were in special schools for educationally subnormal pupils. The remainder were either recommended for admission to a residential school or were receiving special education in the normal schools.

Epileptic

Forty-five pupils were classified as Epileptic as compared with thirty-five in the previous year, and again the increase is higher in proportion than the increase in the school population. Four children were at special schools and two were recommended for admission to special schools. Almost all the rest were able to attend normal schools. The epileptic child is often at particular disadvantage as some anti-histamine drugs have side effects which may retard their educational progress. He or she is also at a great disadvantage on leaving school as many employers are very wary of employing an epileptic even when the convulsions are well controlled.

Physically Handicapped

At the end of 1969, 127 pupils from the County were on the handicapped pupils register compared with 109 at the end of 1968. This number is again on the increase and slightly greater in proportion to the school population increase. Perhaps this rise in physically handicapped pupils is not due so much to ill health in the community

but to the fact that many of these children would not have survived in earlier years. It seems likely that this upward trend in the number of physically handicapped pupils will continue.

Maladjusted

Eighteen pupils from the County area were classified as maladjusted at the end of 1969, the comparable figure for 1968 was twenty-two. This is satisfactory and is attributable to the Child Guidance Service and the School Psychological Service, also to the medical officers, who are able to help these children when behaviour difficulties first present themselves. The differential diagnosis between school phobia and truancy is imperative as the true school phobia must be recognised as an urgent psychiatric illness requiring treatment; this becomes more intractable when the child begins his or her Secondary School career.

Speech Defects

There is no significant change in the number of children suffering from speech defects who were on the handicapped register at the end of last year. The figure for the County was five compared to six in the previous year.

School Leavers

I am indebted to Mr. F.R. Gibbins, Education Social Worker, for the following report:-

"Referrals of 1970 Leavers will reach the 100 mark for the first time. This indicates an increase in Secondary Modern referrals and a carry forward of pupils staying on. All the more needful Leavers should therefore now be being dealt with. There remain others who could benefit, the variously disturbed, deprived and less able and a larger section of immigrants, perhaps. One worker cannot extend his operations indefinitely, but it will be well for Schools to err on the side of over-referrals, which will show the full extent of needs for this service.

One type of referral to consider, is of the rather brighter pupil handicapped by his family circumstances. These may develop through a spell away from home and there are one or two schemes for residential vocational training. The past three years experience now puts the Worker in a good position to discuss further with Schools what processes may be undertaken to help in preparation for employment of handicapped and less able pupils. The approaching extra year at School will afford special opportunities in this direction.

It has become apparent that some educationally subnormal leavers would use a Club of their own. There are some able parents who are willing to help and this is to be explored.

It is hoped that we shall have our first representatives this year at the holiday time residential PHAB weeks, for mixed groups of Physically Handicapped and Able Bodied young people.

Work Training Centres

My first Leaver to go out to work from a local (Hunts.) Centre is still holding her job after ten months, by far her best performance since leaving Secondary Modern School four years ago. Of five students who have been on three months Courses to the N.S.M.H.C's North Wales Centre, Pengwern Hall, three have settled to regular work, the first two being in one job for one year. One other left the area with improved prospects and there remains one young man for whom employment at a level he can cope with still eludes us.

Caseload

		Cases remaining under supervision
Left	1964	2
	1966	2
	1967	17
	1968	40
	1969	48
	1970	87
Total		196
Occasional follow up		30
		Leavers from 1964/67 of particular interest re long term progress
Leavers 1971/3 in preparation		75
Total		301
Short term referrals		45

The steady hardcore of the work lies with the 196 leavers above, a group which turns over in content from year to year. Half of these are known or eventually found to have problems which call for a good deal of attention over the entire period. Fortunately critical issues do not occur often at any one time. It is clear that to finish aftercare at age eighteen is quite arbitrary and some leavers are followed up for some time thereafter. Thus it was particularly pleasing latterly that at ages 19 and 21, two lads became 'ripe' for a move forward and residential placements were made, one for employment, one for hostelling to go on to employment.

Some of the most difficult leavers are in the care of the Children's and Probation Officers. Liaison here is most important and as yet can be strengthened. These leavers, basically handicapped in personality and background, have problems and symptoms which tend to elicit rejection rather than sympathy and therefore need special consideration.

There is evidence that many youngsters face more stress in the final years at school than in the initial working years.

Analysis of cases shows around 40% of handicapped leavers having two or more areas of distinct disability to contend with.

Though progress is sometimes slow, it is observed and on going. None are left isolated with their difficulties. Looking back over three years, I feel that the remarkable feature of this scene is the extent to which employers absorb so many and variously handicapped workers and that the young people themselves, in their own suitable time, make growth and progress.

It is observed gratefully that so often, not only do employers create opportunities needing special consideration, but employees keenly join in to help the young worker to feel welcome and part of the working family.

Much can be achieved in this field by the fully integrated use of local resources, but the special and singular needs of the variously handicapped will continue to call for special Centres, which, however, may have brighter prospects of realisation with planning on a regional basis approaching."

TABLE 9

HANDICAPPED PUPILS ON REGISTER ON 31ST DECEMBER 1969

<i>Category</i>	<i>Recommended for admission to Special Schools</i>	<i>In Special School</i>	<i>Otherwise</i>	<i>Total</i>
Blind	-	1 (1)	1	2 (1)
Partially Sighted	-	2	6	8
Deaf	-	4 (1)	-	4 (1)
Partially Hearing	-	6 (1)	32	38 (1)
Delicate	1	6 (2)	72	79 (2)
Educationally Sub-normal	24 (2)	133 (11)	39	196 (13)
Epileptic	2	4	39	45
Maladjusted	3 (1)	16 (8)	8	27 (9)
Physically Handicapped	4 (1)	22 (7)	109	135 (8)
Speech Defect	-	4 (2)	3	7 (2)
Totals	34 (4)	193 (33)	309	541 (37)

Figures in brackets indicate City of Peterborough pupils recommended for residential special school and those who are in residential special schools, which have been shown in the main figure.

TABLE 10

The following table indicates the number and type of handicapped pupils who were admitted to Special Schools during the year.

<i>Category</i>	<i>Residential</i>	<i>Day</i>	<i>Total number of pupils</i>
Blind	1	-	1
Partially sighted	-	-	-
Deaf	1	-	1
Partially hearing	1	-	1
Delicate	3 (1)	-	3 (1)
Educationally sub-normal	32 (2)	-	32 (2)
Epileptic	1	-	1
Maladjusted	2 (1)	-	2 (1)
Physically handicapped	4 (1)	-	4 (1)

Figures in brackets indicate City of Peterborough pupils, which have been shown in the main figures.

TABLE 11

NUMBER OF CHILDREN IN SPECIAL SCHOOLS OR HOSTELS
DURING ALL OR ANY PART OF 1969

BLIND	
Sunshine Home, Leamington	1
Lickey Grange School, Bromsgrove	1 (1)
PARTIALLY SIGHTED	
Exhall Grange School, Coventry	3
DEAF	
Royal School for the Deaf, Derby	1
Yorkshire Residential School for the Deaf, Doncaster	2 (1)
Hamilton Lodge School for the Deaf, Brighton, Sussex	3 (1)
Royal Residential School for the Deaf, Cheadle Hulme, Cheshire	1
PARTIALLY HEARING	
Unit Training Centre, Mayfield School, Cambridge	1
Ovingdean Hall School, Brighton, Sussex	2 (2)
Pathways Unit, Condover Hall, Nr. Shrewsbury	1
Sedley Partially Hearing Unit, Cambridge	1
DELICATE	
Laleham School, Maidstone	1 (1)
Heathercombe Brake, Manaton, Newton Abbot, Devon	3
Port Regis School, Broadstairs	1
Eden Hall Special School, Bacton Norfolk	1 (1)
Windlestone Hall Residential School, County Durham	1
Wennington School, Wetherby, Yorkshire	2
St. Patrick's Open Air School, Hayling Island	1
St. John's Open Air School for Boys, Woodford Green	2 (1)
EDUCATIONALLY SUBNORMAL	
Orchard Street School for E.S.N. Boys, Peterborough	49
Orton Hall School for Girls, Orton Longueville	57 (5)
Littleton House School, Girton, Cambridge	16 (3)
Lady Adrian School, Cambridge	1
Loddington Hall School, Northampton	3
Stubton Hall, Stubton, Lincs.	2 (1)
Ashley Downs School, Lowestoft	3 (1)
East Hill House School, Colchester	1 (1)
Warwick Lodge, Colchester	1 (1)
Farmhill House School, Stroud	2
Wilburton Manor School, Ely	2
Philpots Manor School, West Hoathly	1

Figures in brackets indicate City of Peterborough pupils at residential special schools, which have been shown in the main figure.

NUMBER OF CHILDREN IN SPECIAL SCHOOLS OR HOSTELS DURING ALL OR ANY PART
OF 1969 (*continued*)

EDUCATIONALLY SUBNORMAL

Netherfield School, Crowborough	5 (1)
Holme Park School, Rotherfield	2 (1)
Darcy School, St. Osyth, Essex	1
Grange School, Kempston	1
Crowthorne School, Edgworth	1 (1)
Larkhills Special School, Winchester	1

EPILEPTIC

Lingfield Hospital Special School, Lingfield, Surrey	3 (1)
--	-------

MALADJUSTED

Potterspury Lodge, Towcester	3 (1)
Hawthorns Hostel, Cambridge	2
More House School, Frensham	1
Swalcliffe Park School, Nr. Banbury	3 (3)
Shotton Hall, Nr. Shrewsbury	2
Peredur House, East Grinstead	1
Farney Close School Limited, Bolney Court, Bolney, Sussex	1 (1)
Heathermount School, Sunningdale	1
Bicknell School, Bournemouth	1
Marland School, Torrington, North Devon	1 (1)
St. Peter's Boarding School, Horbury	1 (1)
Hailey Hall School, Hoddesdon	1
Shaftesbury House School, Barkway Road, Royston, Herts.	1
Colne Cottage Hostel, Cromer	1

PHYSICALLY HANDICAPPED

Thomas Delarue School, Tonbridge	1
Ingfield Manor School, Billingshurst	1
Roger Ascham School, Cambridge	1
John Capel Hanbury School, Woodford Bridge, Essex	3 (1)
Ian Tetley Memorial Home, Harrogate	1 (1)
Hawksworth Hall, Guiseley, Nr. Leeds	1
Craig-y-Parc School, Pentyrch, Cardiff	1
John Greenwood Shipman Home, Dallington, Northampton	1
Chailey Heritage Craft School, Nr. Lewes, Sussex	2 (1)
Palace School, Ely, Cambs.	1
The Warlies, Waltham Abbey	1 (1)
Irton Hall School, Holmbrooke	1 (1)
Penhurst Special School, Chipping Norton	1
Florence Treloar School, Holybourne, Alton, Hants.	1
Corley Residential School	1 (1)
Wilfred Pickles School, Tixover Grange, Stamford	1
Spina Bifida School, Sheffield	1 (1)
Hinwick Hall, Wellingborough	1

IV - INFECTIOUS DISEASES AND PROPHYLAXIS

Diphtheria

Again there was no case of diphtheria in the County during the year. It is disturbing that the number of pre-school children and school children receiving re-inforcing prophylaxis is no greater. The figure for 1969 was 68 primary courses and 1,407 re-inforcing injections. The comparative figures for 1968 were 56 and 1,457. Although the fall in the number of boosters given is small, it must be remembered that the school population has increased and therefore the percentage of the number of school children fully protected is gradually diminishing.

Poliomyelitis

There was no case of poliomyelitis notified during the year. 69 primary courses were completed and 2,056 boosters given. Again a rather disappointing figure.

Pertussis

There is no recommended procedure for the boosting of pre-school and school children. 32 received primary courses and 38 boosters were given during the year.

Tetanus

Tetanus is not a notifiable disease and therefore there is no record of the incidence in the County. 188 pupils received primary courses and 1,641 pupils were given re-inforcing doses during the year. The comparative figure for 1968 was 149 primary courses and 1,611 boosters.

Smallpox

141 pupils between the ages of 5 and 15 years received primary smallpox vaccination and 209 were re-vaccinated.

Infectious Hepatitis

Infectious Hepatitis accounted for 12% of all notifications of infectious diseases in school children, 79% of all cases notified were in the Borough of Huntingdon and Godmanchester. Although this is usually a relatively mild disease in childhood it can cause severe and prolonged illness in adults, who may contract it from the mild ambulatory case in children.

Measles

189 cases of measles were notified during the year and accounted for 59% of all notifications, the majority of these were received in the first six months of the year. Barnack Rural District had 24% of all measles notifications.

435 pupils received measles vaccination in 1969, but compared to 2,061 in 1968, the fall in numbers was due to a shortage of vaccine during part of the year.

B.C.G. Vaccination and Tuberculosis

There was one case of Tuberculosis notified in a school during 1969. As in previous years all maintained schools in the County area who have 13 year olds on the register and the direct grant school were visited during the year. 1,656 were skin tested and there were 106 positive reactors, this is equivalent to 6.9%. This figure is considerably lower than in 1968 when the comparable figure was 9.3%. There is, however, an explanation for the lower figure in that children with a one plus positive heaf test are now given B.C.G. vaccination, whereas previously they were sent for a routine chest xray.

TABLE 12
SMALLPOX VACCINATION

<i>Age at date of vaccination</i>	<i>Primary Vaccination</i>	<i>Re-vaccination</i>
5 - 15 years	141	209

TABLE 13

<i>Vaccine</i>	<i>Born in 1962-1965</i>		<i>Others under age of 16</i>		<i>Total</i>	
	<i>Primary Course</i>	<i>Reinforce- ing dose</i>	<i>Primary Course</i>	<i>Reinforc- ing dose</i>	<i>Primary Course</i>	<i>Reinforce- ing dose</i>
Diphtheria	43	1,283	25	124	68	1,407
Whooping Cough	24	30	8	8	32	38
Tetanus	48	1,312	140	329	188	1,641
Poliomyelitis	47	1,842	22	214	69	2,056
Measles	393	-	42	-	435	-

TABLE 14
B. C. G. VACCINATION

<i>School</i>	<i>Skin Tested</i>	<i>Positive</i>	<i>Negative</i>	<i>Vaccinated</i>
Arthur Mellows Village College	369	17	338	260
Duke of Bedford	29	5	23	23
Huntingdon Grammar	109	3	98	98
Kimbolton Grammar	48	3	45	45
Longsands	184	4	165	165
Orton Longueville Secondary Modern	66	5	58	58
Orton Longueville Grammar	96	11	79	79
Ramsey Grammar	83	6	75	74
Ramsey Modern	100	0	92	92
Sawtry Village College	38	2	35	35
St. Ivo	171	7	141	141
St. Peter's	195	12	169	169
Stanground Secondary Modern	168	31	122	120
Totals	1,656	106	1,440	1,359

TABLE 15
NOTIFIABLE INFECTIOUS DISEASES
Children aged 4 to 14 years inclusive

District	Disease										Total
	Scarlet Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Typhoid Fever	Infective Hepatitis	Acute Menin- gitis	Tubercu- losis Respira- tory		
URBAN:											
Huntingdon & Godmanchester	2	-	22	1	-	-	30	-	-	55	
Old Fletton	-	-	29	1	1	1	1	-	-	33	
Ramsey	-	-	30	-	-	-	1	-	-	31	
St. Neots	1	-	4	-	-	-	-	-	-	5	
St. Ives	6	-	-	-	-	-	-	-	-	6	
RURAL:											
Barnack	3	-	45	1	-	-	1	-	1	51	
Huntingdon	-	14	11	3	-	-	4	-	-	32	
Norman Cross	-	2	9	-	1	-	-	2	-	14	
Peterborough	17	8	22	-	-	-	-	-	-	47	
St. Ives	1	-	6	-	-	-	1	-	-	8	
St. Neots	-	5	9	22	-	-	-	-	-	36	
Thorney	-	-	2	-	-	-	-	-	-	2	
Totals	30	29	189	28	2	1	38	2	1	320	

V - SCHOOL DENTAL SERVICE

I am indebted to the Principal School Dental Officer, Mr. I.O. Pinkham, for the following report:-

"In the first two months of the year the County area was unavoidably without a Dental Officer at all, due to the change of Principal Dental Officer.

On assumption of duty it was felt necessary to ascertain the availability of dental treatment for children prior to formulating plans for the development of the Dental Service. Following enquiries via the Local Dental Committee and some individual dental practitioners, it became apparent that large numbers of children, although readily able to obtain relief from acute conditions, were, nevertheless, unable to obtain the regular routine treatment necessary to establish and maintain dental health, unless their parents were also zealous and regular in their dental care.

The burden of National Health Service practice on the general dental practitioners makes it generally necessary for them to restrict routine treatment to the children of their adult patients. Tribute must be paid to the considerable amount of conscientious work undertaken for children by the General Dental Service in this way.

That the School Dental Service is unable to fulfil its basic inspection function is due to a continued lack of manpower. With this as priority consideration, a plan of improved facility, to both attract staff and enable ancillary personnel to be employed was prepared, and accepted, by the Authority. It is firmly anticipated that as the improvements are implemented, so the staffing will improve and enable a functional Dental Service to develop.

The statistical returns reflect no significant changes in the pattern of treatment from previous years. With only one full-time Principal School Dental Officer to care for five County Clinics, each has had to be operated on a part-time basis, which is neither economical or conducive to progressive treatment planning. Much clinical time is also lost in travelling in this way.

The temporary appointment of a part-time Hygienist enabled some dental health education work to be carried out in schools and gratitude is due to both the Hygienist and the teachers, whose co-operation enabled interest to be stimulated and sustained.

Health Visitors and School Nurses have likewise contributed to dental health education, which is greatly appreciated.

The pressure on clinical services makes dental health education strangely hazardous in that stimulated interest inevitably results in a demand for treatment,

which it is sometimes difficult to meet, and in turn precludes the school inspection, which should be the main function of the Service.

A close liaison has been developed between the Principal School Dental Officer and the Associate Principal School Dental Officer for the City of Peterborough, Mr. A.E. Hurford, B.D.S., who reports on the Service in the City and northern parts of the County, as follows:-

'Wittering County Junior School was inspected during the year, 206 pupils were examined, 102 of these required treatment. It was not possible to inspect any other County School due to lack of staff.

However, a lot of County school children attended the Clinic by appointment for dental treatment, which included orthodontic treatment and general anaesthetics and emergency cases attended.

At the present time the City of Peterborough Dental Clinic is having to treat all the County schools in the north of the County as well as all the City schools, and the staff comprises only one Dental Surgeon for the whole of this area.

Due to the expansion of the City of Peterborough itself this state of affairs cannot continue for long and the County Authority will have to provide a clinic for the treatment of County children north of the river. At the present time the ratio of Dental Surgeons to school children in the County area must be one of the worst in the whole country.

In the meantime fluoridation of the water supplies would help to lower the incidence of caries, and it is to be hoped that in the near future the County will be able to attract and employ more full-time staff.' "

VI - HEALTH EDUCATION

This year we have once again continued with the Mothercraft Classes in some Secondary Modern Schools and helped with 'O' Level Biology in Arthur Mellows Village College. Films on personal hygiene have been shown in other schools followed by discussions with members of the School Health Team.

In Yaxley Junior School the School Nurse took part in discussions following a showing on television of the film "Living and Growing". Observation visits by senior girls have also been continued at Child Health Sessions.

Posters of topical interest have been distributed to the schools for display and the School Health Team has been readily available to take part in any discussions on health education matters with members of the staff and pupils.

VII - OTHER SERVICES

Medical Examination of Teachers and Entrants to Training Colleges

During the year 180 candidates for admission to training colleges for teachers and 29 entrants to the teaching profession were examined by School Medical Officers.

Children and Young Persons Act 1933 - Employment of Children Byelaws

10 children were examined by School Medical Officers under the Byelaws in connection with employment during holidays or outside school hours. In each case the Medical Report showed that the proposed employment would not be prejudicial to the health or physical development of the child and would not render him unfit to obtain proper benefit from his education.

Physical Education

I am indebted to the Organisers of Physical Education, Mr. G.F. Lumley and Miss G.E. Biscomb for the following report:-

" Primary School Physical Education

A Course for Teachers who take physical education lessons in Junior Schools in Peterborough and the North of the County area was taken in February and March. Lessons with different age groups were given by class teachers at four different schools and the meetings were attended by between fifty and sixty teachers.

An evening Course on the use of small games equipment in Junior Schools was held in October at Priory Junior School, St. Neots, at the request of the young teachers' section of the N.U.T. Twelve teachers took part.

Twelve teachers from Junior Schools also attended four practical dance sessions taken at Cromwell Road Junior School, St. Neots, in November. The work covered included movement training, pure dance and dance drama for children of 7 to 11 years of age.

A class of fourth year pupils from Eynesbury C. of E. School visited Bedford College of Physical Education at the beginning of the Autumn Term to demonstrate indoor and outdoor activity work for 150 first and second year students.

Two demonstration lessons with first and second year children from Ramsey County Junior School were shown to teachers in the Ramsey District in November. The work included the teaching of ball-skills and small side games.

Items of large fixed and portable gymnastic apparatus were supplied to ten more Primary Schools and four more received additional climbing frames. The amount of games and small equipment which could be issued was curtailed by increased prices.

A new publication "Physical Education in the Primary School" is being prepared by the Department of Education and Science. Photographs of work at several of the County's primary schools were taken by the Department's photographer during the autumn and some will be included in the new book.

Association Football

Wet weather badly hampered the Association Football programme in both the Spring and Autumn Term, and several Saturday morning Tournaments for Junior Schools had to be cancelled because grounds were unfit. An under - 15 County Team drawn from Secondary Schools in the south of the County was entered in the English Schools Shield Competition and another team of the same age consisting of boys from the north of the County and from the City of Peterborough also took part.

Hockey

An afternoon course for teachers of hockey in secondary schools was held in September at Orton Longueville Grammar School and taken by the National Coach of the All England Woman's Hockey Association. This course consisted of a demonstration lesson plus practical work and discussion. This was followed in the evening by a coaching session for Senior and Junior County Players at the County Grammar School, Peterborough.

Two County Teams have been selected from girls receiving full-time education in secondary schools or Technical Colleges. County games were held against Hertfordshire and Leicestershire. Two girls, Jane Harris and Jane Tinkler, were selected for the East of England Junior Women's Hockey Team after a weekend of coaching at the Crystal Palace Recreation Centre in November.

Netball

Five Netball Tournaments were held in March for children in Primary Schools and four were arranged in the Autumn Term, but owing to bad weather only two of these

could actually be played. Over 300 children took part in the tournaments in March.

Tennis

Coaching Centres at St. Ives, Huntingdon, St. Neots and Peterborough, were arranged in May and June for players aged from 9 to 18 years. The courses, planned in conjunction with the Lawn Tennis Foundation and the County Lawn Tennis Committee, were attended by 58 players at St. Ives, 20 at Huntingdon, 80 at St. Neots and 30 in Peterborough. The courses were followed by two tournaments at Peterborough County Grammar School.

Cricket

Coaching sessions for schools and young cricketers were taken during the summer term. The County Schools Cricket Association played five County matches, one was won, three lost, one drawn.

Rounders

Five Tournaments were held for children of junior school age in the summer term, and 36 teams competed.

Swimming

New learner's pools at Barnack, Hemingford Abbots, Stanground St. John's, Woodston C.P., Holywell and Fenstanton schools were built and brought into use during the summer term. Funds were raised by Parent/Teacher Associations and supplemented by grants made by the Education Committee. Pools at Castor, Spaldwick and St. Helen's School, Bluntisham, were begun but were not completed in time for use during 1969. The weather during the summer was much more encouraging for swimming than for several years past. Schemes for six more learners' pools at Primary Schools in the County were approved during the Autumn and it is expected that these will come into operation during 1970.

At the end of the year there were 34 learners' pools in Primary Schools and one learners' and four deep pools in Secondary Schools in the County area. In the City area there were six primary pools and one secondary learners' pool, in addition to one secondary school deep pool. Excluding schools for infants only, there were still seventeen primary schools in the County area without pools and ten in the City.

Swimming proficiency awards, especially at the two lower levels, have continued to increase. Life Saving Awards in 1969 were fewer than in the previous year as it

was necessary for teachers to learn the new rescue methods introduced at the beginning of the year. The total of Water Safety Awards trebled, however, and every opportunity was taken to impress on both teachers and pupils the need for training in safety precautions when in, on or near water. Over 1,300 awards were gained during the year, the highest number for any County in the Country. Some schools, however, do not do Life Saving or Water Safety work because of lack of time or lack of facilities.

A Primary Schools Swimming Gala was arranged at Huntingdon Swimming Pool in July by the Primary Schools Swimming Association, with a full programme of races in different strokes.

A one-day course for teachers of swimming in primary and secondary schools was held at Stanground Secondary School Pool in May and was taken by the National Coach of the Amateur Swimming Association. The course consisted of a lecture, a film and four demonstrations with classes of pupils of different ages and abilities. Fifty teachers attended from City and County schools.

Pupils from Huntingdon Grammar School and St. Peter's School, Huntingdon, acted as subjects for a set of film strips showing methods of rescuing drowning persons made by the Royal Life Saving Society at Sawtry Village College Pool early in September.

Camping

The School Camp for primary schools was held at Scalby, near Scarborough, Yorkshire, from 2nd of June to 7th of July, a period of five weeks. The camp was attended by 65 children each week, accompanied by their teachers, and in all twenty schools sent parties. Once again the number of places was quite adequate to meet the demand from the schools. In order to meet some of the demands from secondary schools who cannot now be accommodated at the larger camp, the Camp Warden again took groups of from six to ten boys for five days' camping and canoeing training, using Stibbington School and Youth Centre as a base, during April, May, September and October. In addition he took a party of four technical college students and one secondary school boy on a camping and gliding course at Sutton Bank, near Thirsk, Yorkshire. This proved very successful. Gliding is advocated by the Department of Education and Science as an adventurous activity suitable for senior pupils and the Department periodically arranges holiday courses for teachers to show the possibilities of gliding as an educational activity. The courses give teachers an experience of gliding but do not qualify them to act as instructors. The expenses of these expeditions and of the Primary School Camp are met by the pupils taking part.

Canoeing and Sailing

The first Regatta for sailing dinghies was arranged by the County School and Youth Sailing and Canoeing Association on Grafham Water in June. The Canoeing Section

arranged a successful one-day course at St. Ives at the end of May and this was followed by canoe races on the river from St. Ives to Huntingdon on the following day. A canoe demonstration and course was also held in June at Sawtry Village College Swimming Pool and was taken by the British Canoe Union National Coach. School groups and teachers attended in the afternoon and youth leaders attended an evening session. The Association also arranged a weekend of training and racing in canoe slalom work on the moat at Gaynes Hall in October.

Athletics

The usual inter-school and inter-grammar school athletics meeting were held during the summer term, but this year they were marred by bad weather. For the first time an inter-county school athletics meeting was held at Peterborough, a week before the All-England Championships, and five neighbouring Counties took part. The Lincolnshire team won, followed by Huntingdon and Peterborough, Cambridgeshire and the Isle of Ely, Northants and Bedfordshire also took part. At the National School Athletics Championships at Hotspur Park, Surrey, on 12th July, K. Williams, a boy from St. Ivo School, took first place in the 1,000 metres steeple-chase and he and four others gained National Standard Awards.

A successful weekend athletics training course was held at Sawtry Village College for Secondary School pupils in April. The course was residential, from Friday evening to Sunday, and about 80 young athletes attended.

Physical Recreation for School Leavers

A five-day Recreational Course for about 35 Secondary School pupils took place at the Crystal Palace National Recreation Centre in April. The aim of the course was to give the pupils an opportunity to try out some of the more individual sports such as squash, skiing, archery and fencing.

Sports Councils

Advisory work in connection with the Standing Conference of County Sport, Peterborough City, Huntingdon and other local sports councils and with the planning of sports facilities such as swimming pools, sports halls, and play spaces for Peterborough Development Corporation has continued to grow during the year."

School Meals

I am indebted to the School Meals Organiser, Miss E.M. Hawkings for the following report:-

"The school population continued to increase during 1969 resulting in additional numbers of school dinners having to be provided. The number of pupils taking school dinners in September 1969 was 16,707 compared with 15,002 at the corresponding time in 1968.

The number of pupils taking dinners, expressed as a percentage of the number of pupils on roll in September, 1969 was 79.3%. This figure shows an increase of 3.8% in the uptake of meals since 1968.

The concession providing for free meals for the fourth and subsequent children in a family which was brought into effect in April, 1968 was withdrawn by the Government from April, 1969.

A number of schools were closed during the year resulting in the closure of the sculleries and kitchens detailed below:-

Bythorn C.E.	-	Scullery
Catworth C.E.	-	Kitchen
Leighton C.E.	-	Scullery
Maxey C.P.	-	Scullery
Bushmead Secondary	-	Kitchen

New kitchens opened during the year at new schools are as follows:-

Brington C.E.
 Sapley Park C.P., Huntingdon.
 Winhills County Junior and Infants', St. Neots.
 Longsands Comprehensive (additional kitchen)."

The number of schools receiving school meals	91
The number of children receiving school meals	16,707
The number of kitchens completed and supplying meals	70
The number of sculleries erected or adapted and in use	21
The total number of full-time staff employed	1
The total number of part-time staff employed	862

School Milk

The number of schools receiving milk under the School Milk Scheme	80
The number of schools having no supply of milk	Nil
The number of children receiving milk at school on 31st December 1969:-	
In Nursery Schools	78
In Primary Schools	12,252
Total number of children receiving milk	12,330

The grade of milk supplied to the schools was pasteurised.

Non-maintained schools supplied with milk, details of the number of pupils on registers, number taking milk:-

<i>School</i>	<i>Number of Pupils on Register</i>	<i>Number of Pupils taking milk</i>
Montagu House	10	10
Kimbolton	80	80
Tenterleas	26	22
Whispers	55	55

IMPROVEMENTS TO SCHOOL PREMISES

FOR THE YEAR 1969

New Premises Taken into Use: -

New Schools:

Brington C.E. (C)
 Sapley Park C.P., Huntingdon.
 Cromwell Road County Infants, St. Neots.
 Cromwell Road County Junior, St. Neots.
 Hinchingsbrooke House, Huntingdon.
 Grafham Water Residential Centre.

Mobile Classrooms:

Ramsey St. Mary's	1	} Transferred
Helpston C.P.	1	
Stilton C.E.	1	
Offord C.P.	1	
Houghton C.P.	1	
Bluntisham C.P.	1	
St. Ivo, St. Ives	1	
Orton Secondary	1	
Northborough C.P.	1	
Sawtry C.P.	1	
Godmanchester C.P.	1	
Buckden C.E.	1	
Orton Hall	1	
St. Peters	4	
Brampton C.P. Junior	1	
Sawtry Village College	1	
St. Ivo, St. Ives	1	
St. Ives New Infants Eastfield	1	

Additional Accommodation:

Hemingford Grey C.P.	3 additional classrooms.
Longsands Comprehensive	Completion to 9 F.E.
Old Fletton C.P.	Conversion of existing Horsa to provide new Art Room.

VIII - STATISTICAL TABLES

A. COUNTY AREA (EXCLUDING CITY OF PETERBOROUGH)

PART I. Medical Inspection of Pupils attending Maintained and Assisted and Secondary Schools (including Nursery and Special School).

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age of Groups inspected (by year of Birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later	174	174	-	3	12	13
1964	1,369	1,369	-	9	107	90
1963	1,389	1,389	-	14	107	97
1962	561	561	-	8	39	40
1961	157	157	-	8	15	18
1960	116	116	-	7	5	14
1959	834	834	-	52	32	77
1958	713	713	-	53	37	81
1957	438	438	-	54	36	80
1956	124	123	1	17	3	20
1955	121	121	-	16	5	19
1954 and earlier	1,496	1,495	1	211	70	252
Totals	7,492	7,490	2	452	468	801

COUNTY

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	129
Number of Re-inspections	972
Total	1,101

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	41,039
(b) Total number of individual pupils found to be infested	199
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	91
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	Nil

COUNTY

PART II - Defects found by Medical Inspections during the year.

PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	26	13	19	58	3
	O	36	1	22	59	-
Eyes (a) Vision	T	47	215	190	452	13
	O	123	13	54	190	5
(b) Squint	T	48	10	12	70	8
	O	34	2	1	37	1
(c) Other	T	4	1	4	9	-
	O	15	1	5	21	-
Ears (a) Hearing	T	25	9	12	46	2
	O	130	9	35	174	10
(b) Otitis	T	6	2	2	10	-
	O	17	1	2	20	1
(c) Other	T	1	-	2	3	2
	O	7	2	-	9	-
Nose and Throat	T	24	3	9	36	3
	O	180	3	21	204	6
Speech	T	31	4	5	40	6
	O	58	-	2	60	14
Lymphatic Glands	T	-	1	-	1	-
	O	51	-	2	53	-
Heart	T	8	1	1	10	-
	O	25	3	13	41	5
Lungs	T	5	5	8	18	-
	O	58	3	21	82	1
Developmental (a) Hernia	T	6	1	1	8	-
	O	11	-	2	13	1
(b) Other	T	4	1	10	15	1
	O	36	-	18	54	1
Orthopaedic (a) Posture	T	33	2	2	37	1
	O	13	3	2	18	5
(b) Feet	T	31	2	12	45	1
	O	40	2	9	51	2
(c) Other	T	14	6	2	22	-
	O	24	2	8	34	4

COUNTY

PART II - Defects found by Medical Inspections during the year (Continued)

PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspection			Total	Special Inspections
		Entrants	Leavers	Others		
Nervous System						
(a) Epilepsy	T	2	2	2	6	2
	O	5	3	4	12	2
(b) Other	T	4	-	-	4	-
	O	17	1	7	25	-
Psychological						
(a) Development	T	3	-	4	7	1
	O	24	12	15	51	89
(b) Stability	T	3	4	3	10	-
	O	4	2	10	16	25
Abdomen	T	5	-	1	6	-
	O	49	2	17	68	3
Other	T	2	2	3	7	-
	O	39	-	11	50	1

T = Treatment

O = Observation

PART III - Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	3
Errors of refraction (Including squint)	1,140
Total	1,143
Number of pupils for whom spectacles were prescribed	460

COUNTY

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:-	
(a) for diseases of the ear	25
(b) for adenoids and chronic tonsillitis	99
(c) for other nose and throat conditions	5
Received other forms of treatment	52
Total	<u>181</u>
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1969	14
(b) in previous years	8

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	391
(b) Pupils treated at school for postural defects	16
Total	<u>407</u>

TABLE D - DISEASES OF THE SKIN

	<i>Number of cases known to have been treated</i>
Ringworm (a) Scalp	-
(b) Body	-
Scabies	-
Impetigo	-
Other Skin Diseases	1
Total	<u>1</u>

COUNTY

TABLE E - CHILD PSYCHIATRIC TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Psychiatric Clinics	124

TABLE F - SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists	238

TABLE G - OTHER TREATMENT GIVEN

	<i>Number of cases known to have been treated</i>
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1,359
(d) Other than (a) (b) and (c) above: Enuresis alarms	110
Total	<hr/> 1,469 <hr/>

COUNTY

DENTAL INSPECTION AND TREATMENT

ATTENDANCES & TREATMENT	Ages 5 - 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	207	338	41	586
Subsequent Visits	318	615	80	1,013
Total Visits	525	953	121	1,599
Additional courses of treatment commenced	6	2	4	12
Fillings in permanent teeth	276	1,098	105	1,479
Fillings in deciduous teeth	308	90	-	398
Permanent teeth filled	212	865	100	1,177
Deciduous teeth filled	258	75	-	333
Permanent teeth extracted	10	158	17	185
Deciduous teeth extracted	305	203	-	508
General anaesthetics	19	18	1	38
Emergencies	61	49	12	122

Number of Pupils X-rayed	39
Prophylaxis	269
Teeth otherwise conserved	9
Number of teeth root filled	6
Inlays	Nil
Crowns	6
Courses of treatment completed	419

ORTHODONTICS

Cases remaining from previous year	10
New cases commenced during year	6
Cases completed during year	9
Cases discontinued during year	3
Number of removable appliances fitted	6
Number of fixed appliances fitted	Nil
Pupils referred to Hospital Consultant	1

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	Nil	Nil	Nil	Nil
Pupils supplied with other dentures (first time)	Nil	2	1	3
Number of dentures supplied	Nil	2	1	3

COUNTY

DENTAL INSPECTION AND TREATMENT (*Continued*)

ANAESTHETICS General anaesthetics administered by
Dental Officers

Nil

INSPECTIONS

(a) First inspection at school. Number of Pupils
 (b) First inspection at clinic. Number of Pupils
 Number of (a) + (b) found to require treatment
 Number of (a) + (b) offered treatment
 (c) Pupils re-inspected at school or clinic
 Number of (c) found to require treatment

1,133
1,040
1,597
1,432
30
20

SESSIONS

Sessions devoted to treatment
 Sessions devoted to inspection
 Sessions devoted to Dental Health Education

337
5
31

B. CITY OF PETERBOROUGH

PART I. Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age of Groups inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
			No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later	97	96	1	-	4	4
1964	589	589	-	23	32	53
1963	723	723	-	19	92	101
1962	57	57	-	1	2	3
1961	43	43	-	5	5	9
1960	38	38	-	2	2	4
1959	46	46	-	2	1	3
1958	484	484	-	23	43	63
1957	337	337	-	12	14	24
1956	28	28	-	-	1	1
1955	495	495	-	15	29	42
1954 and earlier	616	616	-	27	25	54
Total	3,553	3,552	1	129	250	361

CITY

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	20
Number of Re-inspections	1,185
Total	1,205

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	27,891
(b) Total number of individual pupils found to be infested	107
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	55
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	Nil

CITY

PART II - Defects found by Medical Inspections during the year.

PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspection				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	9	15	10	34	1
	O	42	21	24	87	-
Eyes (a) Vision	T	37	38	54	129	2
	O	67	58	63	188	-
(b) Squint	T	11	-	2	13	-
	O	25	3	3	31	-
(c) Other	T	7	1	1	9	-
	O	8	7	13	28	-
Ears (a) Hearing	T	10	-	3	13	4
	O	45	7	18	70	2
(b) Otitis Media	T	2	1	3	6	-
	O	9	4	4	17	-
(c) Other	T	-	-	1	1	-
	O	2	-	1	3	-
Nose and Throat	T	25	2	8	35	1
	O	123	18	60	201	1
Speech	T	13	-	-	13	-
	O	64	1	3	68	-
Lymphatic Glands	T	1	1	1	3	-
	O	21	3	4	28	-
Heart	T	6	2	-	8	-
	O	49	26	20	95	1
Lungs	T	9	-	2	11	1
	O	40	10	14	64	-
Developmental (a) Hernia	T	10	3	4	17	-
	O	23	4	5	32	2
(b) Other	T	6	2	6	14	-
	O	49	7	35	91	-
Orthopaedic (a) Posture	T	1	1	1	3	-
	O	20	20	15	55	-
(b) Feet	T	13	13	15	41	-
	O	42	41	43	126	-
(c) Other	T	-	5	1	6	-
	O	7	15	12	34	-

CITY

PART II - Defects found by Medical Inspections during the year (Continued)

PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Nervous System						
(a) Epilepsy	T	2	2	1	5	-
	O	3	1	2	6	-
(b) Other	T	1	-	1	2	-
	O	48	3	5	56	1
Psychological						
(a) Development	T	3	1	1	5	-
	O	11	4	7	22	1
(b) Stability	T	-	-	1	1	-
	O	20	7	14	41	-
Abdomen	T	2	1	-	3	-
	O	10	2	6	18	-
Other	T	4	1	2	7	1
	O	30	6	17	53	-

T - Treatment

O - Observation

PART III - Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	13
Errors of refraction (including squint)	20
Total	33
Number of pupils for whom spectacles were prescribed	249

CITY

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:-	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis	189
(c) for other nose and throat conditions	51
Received other forms of treatment	-
Total	<u>249</u>
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1969	4
(b) in previous years	18

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	Hospital not able to give figures for City area or for school children separately.
(b) Pupils treated at schools for postural defects	

TABLE D - DISEASES OF THE SKIN

	<i>Number of cases known to have been treated</i>
Ringworm (a) Scalp	-
(b) Body	-
Scabies	3
Impetigo	3
Other skin diseases	5
Total	<u>11</u>

CITY

TABLE E - CHILD PSYCHIATRIC TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Psychiatric Clinics	132

TABLE F - SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	138

TABLE G - OTHER TREATMENT GIVEN

	<i>Number of cases known to have been treated</i>
(a) Pupils with minor ailments	3
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who receive B.C.G. vaccination	None under School Health Service arrangements.
(d) Other than (a) (b) and (c) above: Enuresis alarms	34
Total	<u>37</u>

CITY

DENTAL INSPECTION AND TREATMENT

ATTENDANCES & TREATMENT	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First Visit	392	589	160	1,141
Subsequent Visits	344	993	272	1,609
Total Visits	736	1,582	432	2,750
Additional courses of treatment commenced	86	154	43	283
Fillings in permanent teeth	157	1,087	455	1,699
Fillings in deciduous teeth	72	20	-	92
Permanent teeth filled	114	842	371	1,327
Deciduous teeth filled	70	19	-	89
Permanent teeth extracted	22	205	71	298
Deciduous teeth extracted	418	247	-	665
General anaesthetics	140	125	21	286
Emergencies	160	172	38	370

Number of Pupils X-rayed	100
Prophylaxis	336
Teeth otherwise conserved	514
Number of teeth root filled	2
Inlays	-
Crowns	7
Courses of treatment completed	1,255

ORTHODONTICS

Cases remaining from previous year	15
New cases commenced during year	28
Cases completed during year	22
Cases discontinued during year	2
Number of removable appliances fitted	34
Number of fixed appliances fitted	-
Pupils referred to Hospital Consultant	11

PROSTHETICS

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (First time)	-	-	-	-
Pupils supplied with other dentures (First time)	2	12	9	23
Number of dentures supplied	2	13	9	24

CITY**DENTAL INSPECTION AND TREATMENT** (*Continued*)

ANAESTHETICS General Anaesthetics administered by
Dental Officers

Nil

INSPECTIONS

(a) First inspection at school. Number of Pupils
 (b) First inspection at clinic. Number of Pupils
 Number of (a) + (b) found to require treatment
 Number of (a) + (b) offered treatment
 (c) Pupils re-inspected at school or clinic
 Number of (c) found to require treatment

700
984
1,332
1,290
297
280

SESSIONS

Sessions devoted to treatment
 Sessions devoted to inspection
 Sessions devoted to Dental Health Education

357
4
1

